

# SURGERY ADMISSION FORM

Date \_\_\_\_\_

For \_\_\_\_\_

Pet Name \_\_\_\_\_

Owner's Last Name \_\_\_\_\_

lbs

Age \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_

Weight \_\_\_\_\_

Owner's Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Region \_\_\_\_\_

Postal Code/Zip \_\_\_\_\_

## \*THIS FORM MUST BE COMPLETED PRIOR TO ADMISSION FOR SURGERY/ANESTHESIA

Is the pet current on vaccines? **Yes** **No**  
Is the pet on heartworm prevention? **Yes** **No** Which type? \_\_\_\_\_  
Has the pet been checked for intestinal parasites in the last 6 months? **Yes** **No**  
Did the pet eat this morning? **Yes** **No**  
Is the pet allergic to any drugs? **Yes** **No**  
Has the pet had any illness or injury in the past 30 days? **Yes** **No**

If yes, please explain \_\_\_\_\_

Has the pet has any history of seizures and/or previous anesthetic problems?

**Yes** **No**

What medication is the pet currently taking? \_\_\_\_\_

If the pet is here for a dental prophylaxis, may we perform any necessary extractions without contacting you first? **Yes** **No**

**\*PLEASE NOTE:** Pets not current on heartworm and intestinal parasite testing are required to undergo testing prior to anesthesia. These tests are not included in the price of the surgery.

### Procedure To Be Performed (OHE) (Neuter) (Declaw) Other:

Elective Procedures To Be Done At The Same Time (pedicure, ear cleaning, etc):

**\*Please microchip the pet while under anesthesia for a \$72.02 fee (this includes registration).** \_\_\_\_\_ (initial)

**\*Please apply cold laser to the incision site to help the pet with pain management and decrease recovery time for a \$13.77 fee.** \_\_\_\_\_ (initial)

Phone \_\_\_\_\_

(You will be contacted at this number for an appointment time for pick-up).

HOSPITAL USE ONLY: Normal (N) /Abnormal (A)

EENT: \_\_\_\_\_

TPR: \_\_\_\_\_

SKIN/NAILS/AG \_\_\_\_\_

U/D: \_\_\_\_\_

PREANESTHETIC BLOODWORK COMPLETED YES \_\_\_\_\_ NO \_\_\_\_\_

IV CATH PLACED: YES \_\_\_\_\_ NO \_\_\_\_\_

DOCTOR'S EXAM: YES \_\_\_\_\_ NO \_\_\_\_\_

Premed Dose: Ace (1mg/ml) \_\_\_\_\_ Hydro (2mg/ml) \_\_\_\_\_ Torb (10mg/ml) \_\_\_\_\_ Other \_\_\_\_\_

Premed Time: \_\_\_\_\_

Pre Induction HR/BP: \_\_\_\_\_ / \_\_\_\_\_

Induction Drug and Dose: \_\_\_\_\_ Induction Time: \_\_\_\_\_

ET Size: \_\_\_\_\_ Inflation Percentage: \_\_\_\_\_

Post Op Pain Meds/Dose: \_\_\_\_\_ Cold Laser: \_\_\_\_\_

Extubation Time: \_\_\_\_\_ Total Fluids/Type: \_\_\_\_\_ Final TPR/BP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Admitting Nurse: \_\_\_\_\_ Time: \_\_\_\_\_

Anesthesia Start Time: \_\_\_\_\_ Anesthesia End Time: \_\_\_\_\_

Procedure Start Time: \_\_\_\_\_ Procedure End Time: \_\_\_\_\_

