

Date: \_\_\_\_\_

## SURGERY ADMISSION FORM

For Pet Name/Last Name \_\_\_\_\_

**Pet:** Age \_\_\_\_\_, Species \_\_\_\_\_, Breed \_\_\_\_\_, Sex \_\_\_\_\_, Weight lbs. \_\_\_\_\_,

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

Is your pet current on vaccines? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet on heartworm prevention? Yes \_\_\_\_\_ No \_\_\_\_\_ Which type? \_\_\_\_\_

Has your pet been checked for intestinal parasites in the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your pet eat this morning? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allergic to any drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Has your pet had any history of seizures and/or previous anesthetic problems? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

\*\*\*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):

**\*Microchip your pet while under anesthesia for a \$79.03 fee (this includes registration).**  
\_\_\_\_\_ (initial)

**\*Apply cold laser to the incision site to help your pet with pain management and decrease recovery time for a \$14.89 fee.** \_\_\_\_\_ (initial)

**\*If time is permitting, please ultrasound my pet's abdomen while under anesthesia for a \$50 fee. (Shaving of abdominal hair is required to do this)** \_\_\_\_\_ (initial)

**Phone** \_\_\_\_\_

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

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

TPR:

PREANESTHETIC BLOODWORK COMPLETED YES \_\_\_\_\_ NO \_\_\_\_\_ Gauze Count Pre \_\_\_\_\_

IV CATH PLACED: YES \_\_\_\_\_ NO \_\_\_\_\_ Gauze Count Post \_\_\_\_\_

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

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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: \_\_\_\_\_



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