

<date>

SURGERY ADMISSION FORM

For <animal> <last-name>
<age>, <species>, <breed>, <sex>, <weight>lbs,
<address>, <city>, <st>, <zip>

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

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

If yes, please explain _____
Has <animal> has any history of seizures and/or previous anesthetic problems?
Yes _____ No _____

What medication is <animal> currently taking? _____

If <animal> 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 <animal> while under anesthesia for a \$79.03 fee (this includes registration).**
_____ (initial)

***Apply cold laser to the incision site to help <animal> with pain management and decrease recovery time for a \$14.89 fee.** _____ (initial)

***If time is permitting, please ultrasound <animal>'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 _____

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: _____
