

<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 \_\_\_\_\_

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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: \_\_\_\_\_


