



## SURGERY/PROCEDURE ADMISSION FORM

Owner Name: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Today your pet will be undergoing anesthesia to have the above listed procedure(s) performed. If your pet is not up to date with their annual physical examination, one will be performed at your expense.

List any medications your pet is currently on: \_\_\_\_\_

### **Pre-Anesthetic Blood Testing and Monitoring:**

To minimize anesthetic risks we run pre-anesthetic lab work on all patients before anesthesia. During the entire duration of the anesthesia we monitor the heart rate, blood oxygen saturation, blood pressure, respiratory rate, and other vitals to ensure your pet's safety.

**IV Catheter and Fluids:** An intravenous catheter will be placed for your pet's safety to maintain their blood pressure.

**Dentistry (only applies if your pet is having a dental procedure):** Initial next to one option only

After a dental evaluation, if any teeth are diseased and need to be extracted we will proceed with extractions as deemed necessary. Extractions will increase the cost of the procedure. There may also be the need for local lidocaine blocks and/or dental radiographs. Additional charges apply for these services.

\_\_\_ I authorize any additional dental extractions, radiographs, and treatments deemed necessary.

\_\_\_ I prefer to be called to approve any additional extraction and/or costs that are not covered in the estimate (if you select this option and we can not reach you we will recover your pet without performing the additional extractions).

**Medications to go home:** I request the following additional medications to go home:

\_\_\_ Pain medications \_\_\_ Sedatives \_\_\_ Other: \_\_\_\_\_

**Other requests:** \_\_\_\_\_

I have been provided an estimate and agree to pay for all charges +/- 15% of the fees listed on the estimate. Payment is due at the time services are rendered. We accept: Cash, Check, Visa, MasterCard, and American Express.

I hereby authorize Contra Costa Veterinary Hospital to perform the surgical procedure/treatment listed above. I understand that the procedure(s) may have risks of complications, injury, or even loss of life. The procedure(s) are not a guarantee for a cure. In the event of unforeseen complications, I authorize the doctors and staff to perform any life saving procedures deemed necessary and accept all charges that are incurred as a result. By signing below I agree that I understand and consent to the document and will not hold Contra Costa Veterinary Hospital or its staff liable for any complications.

Signature: \_\_\_\_\_

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

Today's phone number(s): (        ) \_\_\_\_\_ - \_\_\_\_\_ (        ) \_\_\_\_\_ - \_\_\_\_\_

**Check here** if you would like us to text you when your pet is ready to be picked up.