



Surgical/Medical Admission Form

I am the owner or am responsible for the named patient and have authority to execute this consent. I hereby authorize the performance of the procedures or treatments outlined on the provided estimate.

Patient Label

Owner first & last name: _____

Procedure: _____

Health History

___ Did patient eat this morning?

___ Any diarrhea or vomiting?

___ In heat or pregnant?

___ History of seizures?

On any medications? Yes or No

___ History of heart conditions?

What type: _____ last given: _____ how much: _____ how often: _____

What type: _____ last given: _____ how much: _____ how often: _____

What type: _____ last given: _____ how much: _____ how often: _____

Any known allergies to drugs? Yes or No List of allergies: _____

Comments/Concerns: _____ Items left with patient: _____

Owner Release

I have been advised as to the nature of the procedure/surgery and the risks involved. I realize results cannot be guaranteed. Advances in anesthesia and surgery have made routine procedures relatively safe with few complications. Nevertheless, problems can arise due to pre-existing conditions not evident during routine pre-surgical and dental exams. To minimize these possible problems, **Caring Hands highly recommends pre-anesthetic blood work for all surgical and dental procedures requiring anesthesia.**

I understand during performance of the procedure/surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure/surgery or a procedure different than set forth. The hospital will make every effort to consult with me prior to any necessary change. Therefore, I consent to and authorize the performance of such procedures/surgeries as necessary and desirable in the exercise of the veterinarian's professional judgment, and agree to pay for such care.

___ If it is deemed necessary for my pet to be hospitalized overnight, I understand that **I have the option of taking my pet to a 24-hour facility, or keeping my pet at Caring Hands Animal Hospital where there is no overnight supervision.**

Should unexpected life-saving emergency care be required and the attending veterinarian is unable to contact me:

___ **I consent to and authorize resuscitation of my pet:** including, but not limited to, CPR, fluids, and the administration of life-saving drugs.

___ **I decline resuscitation of my pet:** do not perform any resuscitative measures on my pet.

Canine patients are walked outside using a double-leash system every 4-6 hours.

___ **I consent to having my pet walked outside.**

___ **I decline having my pet walked outside.**

I agree to be responsible for payment in full of all charges incurred for procedures, treatments, and testing performed on my pet, including treatment for fleas or any other parasites that are present and acknowledge that payment is due at the time the patient is discharged. I further agree in the case of non-payment, I agree to be responsible for the \$35 collection fee, as well as a 1.5% service fee that will be added to the account in addition to the entire amount due.

Signature of owner: _____ Date: _____

Printed name: _____

Name and number for contact: _____

In addition to phone calls, would you like text message or email communication with pictures and/or status updates?

YES or NO If yes, please leave a number OR an email address: _____

Pre-Anesthetic Testing Consent Form

Please read carefully and sign.

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Mini Chemistry:

BUN	Creatinine	ALKP
ALT	Glucose	Total Protein

Complete Blood Work:

BUN	Creatinine	ALKP
ALT	Glucose	Total Protein
Albumin	Total Bilirubin	Phosphorus
Amylase	Cholesterol	Calcium
CBC (Complete Blood Count)		Electrolytes

I elect to chose the following testing prior to administering anesthesia to my pet:

☐ Mini Chemistry ☐ Complete Blood Work

Bloodwork has previously been completed? ☐ Yes Date Completed: _____

Please complete the recommended testing prior to administering anesthesia to my pet.
If abnormalities are found, contact me at this number:

Signature of Owner

Date

Phone

I decline the recommended pre-anesthetic test at this time and request you proceed with anesthesia.
I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Signature of Owner

Patient Label