

Lee's Summit Animal Hospital Patient Admission and Consent Form

Pet Name _____

Procedure _____

Doctor Preference _____

Date _____

Client Name: _____

Address _____

Telephone _____

Breed _____ Sex _____ Age _____ Weight: _____

	Y	N	
Has your pet had any food or water since midnight last night?	<input type="checkbox"/>	<input type="checkbox"/>	Current Diet: _____
Has your pet been coughing, wheezing, or breathing hard?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet been vomiting or having diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list: _____
Has your pet ever had an adverse reaction to a medication?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Is your pet taking any medications? If yes, list medications, dosage and time last given			

For the comfort of your pet, pain management is given for all surgical procedures. An Elizabethan collar may be required for you pet's comfort and protection. Elizabethan collar prices vary according to size. A topical, oral and/or suppository treatment will be applied at the owner's expense to any pet with evidence of fleas or ticks. An intravenous catheter is placed in all surgery animals. This helps your pet recover faster and is available in case of emergency.

I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed by Lee's Summit Animal Hospital. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian/technician. I have had the opportunity to ask questions and receive answers regarding the procedure. This risk includes serious bodily injury or death. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will attend to my pet overnight.

Because occasional problems can arise due to pre-existing conditions not evident during routine pre-surgical examinations, we recommend that any animal should have a panel of tests to determine blood cell count and to screen for liver or kidney disease. This bloodwork is especially important in animals over the age of six and sick animals. Every animal reacts differently to anesthesia. Some animals may have side effects such as nausea, vomiting, lack of appetite or lethargy.

Please indicate if you would like any of the following additional treatments

- I would like my pet to have a pre-anesthetic blood screen. The doctor will review this blood screen to ensure you pet is healthy enough to undergo anesthesia and uncover any hidden health concerns. The cost for this is \$84.00
- I would like my pet to receive an **anti-nausea injection** while hospitalized. This injection will reduce or eliminate vomiting commonly associated with anesthesia. Many pet owners will notice their pet is more comfortable and more eager to eat during recovery at home. The cost of the anti-nausea injection, Cerenia, is \$39.00

We will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedure today. Very rarely, emergencies do happen and we will make every attempt to resuscitate your pet. You will be contacted to determine the next course action.

I have read and understand the information printed above.

Signature: _____ Date: _____ Contact Number: _____