

Surgical Admission Form

Date: _____ Drop Off Time: _____ Weight: _____

Pet's name: _____ Owner's name: _____

Phone number(s): _____

Procedure: _____

Required Blood Work Performed prior or needed today? _____

Was Food and Water withheld? Yes _____ No _____

Additional Comments/Requests: (Please note locations of lumps and growths for removal):

Circle Additional Tests needed today: Heartworm/Lyme Test Feline Leukemia Test

Fecal Worm Exam

Feline Leukemia/FIV Test

Nail Trim

Refills needed for This Pet:

Heartworm Preventive: Yes _____ No _____ Type used: _____

Flea/Tick Control: Yes _____ No _____ Type used: _____

Medications: Yes _____ No _____ Name/Dose:

Are Refills needed for any other pets in your household? Yes _____ No _____

If Yes, which pet and what is needed? _____

Method of Payment Today: Cash Check MasterCard Visa Discover

Authorization for Medical and/or Surgical Treatment

I hereby authorize the doctor on duty to perform the above listed surgical/medical procedure. I consent to the administration of treatment considered therapeutically and/or diagnostically necessary in the event of an emergency. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why the treatment is considered necessary, its advantages and possible complications if any, as well as possible alternative modes of treatment, which were explained to me by the doctor. I assume financial responsibility for all charges incurred to the patient.

Signature: _____

Discharge Instruction Release

An MVAH staff member has reviewed the take home instruction and care for my pet. I understand the instructions reviewed and have asked any questions I may have had. I will contact MVAH immediately should any complications or additional questions arise.

Signature: _____