

Surgical Admission Form

Date: _____ Drop Off Time: _____ Weight: _____

Pet's Name: _____ Owner's Name: _____

Phone Number: _____

Procedure: _____

Required Blood Work Performed or Needed Today? _____

Was Food and Water Withheld? (Please Circle) YES NO

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

Additional Tests Needed Today (Please Circle) Fecal Worm Exam Heartworm/Lyme Test
Feline Leukemia/FIV Test

Are There Any Refills Needed For This Pet? (Please Circle)

Heartworm Preventive: Type Used _____ How Many? _____

Flea/Tick Control: Type Used _____ How Many? _____

Medications: Name/Dose _____

Are Refills Needed for Any Other Pets in Your Home? (Please Circle) YES NO

If Yes, Which Pet and What is Needed? _____

*****PLEASE NOTE*** IF FLEAS ARE FOUND ON YOUR PET AT TIME OF ADMISSION OR AT TIME OF SURGERY, YOUR PET WILL BE TREATED FOR FLEAS AND THE COST OF TREATMENT WILL BE YOUR RESPONSIBILITY. (PLEASE INITIAL) _____**

Authorization for Medical and/or Surgical Treatment

In the event of a medical emergency, we will provide every supportive measure deemed necessary to ensure your pet's safety. We will attempt to contact you as soon as possible in the event of a medical emergency. Costs associated with emergency care will be the responsibility of the owner. **If you do NOT want any resuscitative measures taken in the event of cardiac or respiratory failure, you must indicate so here:**

Ø I DECLINE all resuscitative efforts for my pet.

Owner/Authorized Party Signature: _____ Date: _____

MVAH Representative Signature: _____ Date: _____

Mahoning Valley Animal Hospital 2967 Blakeslee Blvd Dr W Andreas, PA 18211 570-386-3088

REV: 9/15

Surgical Admission Form

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 methods of treatment, which were explained to me by the doctor. I assume all financial responsibility for all charges incurred to the patient and acknowledge that payment in full is required when services are rendered. I also acknowledge that in some circumstances I may be required to submit a deposit on my account prior to services being rendered. I hereby declare that under penalty of perjury that I am the owner, or authorized by the owner, to present the above animal for surgery. I hereby authorize the above procedure and agree to the terms indicated.

Owner/Authorized Party Signature: _____ Date: _____

MVAH Representative Signature: _____ Date: _____

Discharge Instruction Release

A Mahoning Valley Animal Hospital staff member has reviewed the take home instructions and care for my pet. I understand the instructions that have been reviewed with me and I have asked any questions that I may have had. I will Contact Mahoning Valley Animal Hospital immediately should any complications or additional questions arise.

Owner/Authorized Party Signature: _____ Date: _____

MVAH Representative Signature: _____ Date: _____