
Patient Procedure Admittance Sheet

Owner Name: _____ Patient Name: _____

Dropped off by: _____

Best contact number 1) _____ 2) _____

Is there a time today that you will not be reachable by phone? _____

What type of procedure will we be performing on your pet today? _____

Has your pet had a surgery an anesthetic procedure in the past? _____

Were there any adverse reactions to anesthesia? _____

Is there any additional procedures or health concerns that you would like us to address? _____

1. In the event that we discover additional necessary or recommended treatments, we will attempt to reach you to discuss appropriate diagnostics and/or treatment. If we are unable to reach you, please indicate your instructions on how we should proceed.

_____ No, please do not treat my pet unless I am contacted

_____ Yes, please do whatever necessary _____ Yes, please treat my animal but do not go above \$_____

2. _____ I understand that in performing the above procedure or procedures my pet will receive a general anesthetic and understand that some risk of injury or death always exists with anesthesia and/or surgery, I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated.

3. _____ I understand that during the hours not specified as "business hours" there are times when admitted pets will be unattended.

4. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff _____ **has** _____ **does not have** (initial one) my permission to provide such treatment and I agree to pay for such services.

5. _____ I verify that I am the owner (or authorized agent) of the above-named animal. I understand the nature of the above procedures and give my consent to proceed.

6. _____ I agree to pay for all procedure services at the time my pet is discharged from the hospital. If I have any questions or concerns regarding the estimate or charges associated with the procedure being performed today, I will discuss those concerns before my pet's procedure appointment.

Signature of owner or authorized agent

Date