

DATE: _____

Technician _____

SURGICAL ADMITTANCE FORM

Clients Name _____ Patients Name _____

Phone Number where we can reach you today: _____

Procedure _____

Rabies Current Yes No Bordetella Current Yes No ****Both Required**
If given at another clinic will need proof of vaccination date .

Has Patient had any Food or Water in the past 12 hours? Yes No

I DO _____ I DO NOT _____ authorize a pre-surgical blood profile (Creatinine, TP, BUN, Glucose, ALT) to help minimize the possibility of complications that may be encountered during anesthesia. I understand there is a \$60.00 charge for this.

____ If patient is over 7 years of age: Pre-Anesthetic Bloodwork-\$60.00 is required-plus fluid therapy-\$63.00.

I DO _____ I DO NOT _____ authorize pain management for my pet should post-operative pain be causing undue suffering. I understand there is an additional charge.

Canine:

0-25 Lbs--\$20.00

26-50 Lbs--\$25.00

51-100 Lbs--\$25-\$30.00

Feline:

\$15.00-\$20.00

I DO _____ I DO NOT _____ give permission to do any additional treatment for my pet (pull teeth, tumor removal, ear mites, etc) that the doctors may deem necessary for the health, safety, or well being of my animal while it is under the care of Beard Navasota Veterinary Hospital and its staff..

Owner Signature _____ Date _____