



3528 Newburg Rd, Louisville, KY 40218
Phone: (502) 866-0065 • Fax: (502) 866-0066

SURGERY ADMISSION FORM

Client Name: _____ Date: _____

Phone # (where you can be reached today): _____

Emergency Contact: _____ Phone # _____

Pet Name: _____ Age: _____ Sex: _____ Breed: _____

- My pet HAS eaten in the last 12 hours
My pet HAS NOT eaten in the last 12 hours

TODAY'S SURGICAL PROCEDURE: _____

- I authorize the procedure listed above to be performed on the animal described above. I understand that some risk is involved with any surgical procedure...
If deemed necessary, the veterinarian will prescribe medications to control pain, inflammation, and/or infection after the procedure.
If my pet is respiratory or cardiac arrest and needs resuscitation, I choose:
CPR (CARDIOPULMONARY RESUSCITATION)
DNR (DO NOT RESUSCITATE)

PAYMENT AGREEMENT & ESTIMATE OF SERVICES

- I agree to pay in full for services rendered. I know that all services must be paid in full when my pet is released into my care.
I have reviewed the estimate of services that has been provided for the surgical procedure listed above.
I understand that this is only an estimate and that the total cost of procedures may fall below or above this cost.
I understand that the veterinarian and/or technical staff will contact me in a timely manner to discuss the cost of services that fall above the estimate of services.
Owner's Initials: _____

PREVIOUS SURGICAL HISTORY

- Has your pet ever had general anesthesia performed before? Yes No
Did your veterinarian report any complications during anesthesia or the recovery period? Yes No
Did your pet make a full recovery from anesthesia within 24 hours? Yes No



CURRENT HEALTH OF PET

Has there been any change in your pet's condition since your last appointment? Yes No

Has your pet had an allergic reaction to a medication (injection, pill, topical?) or food? Yes No

Appetite Normal Abnormal

Coughing Yes No

Stools / Defecation Normal Abnormal

Sneezing Yes No

Urination Normal Abnormal

Vomiting Yes No

Breathing Pattern Normal Abnormal

Diarrhea Yes No

Energy Level Normal Abnormal

Describe any abnormal findings:

ADDITIONAL SERVICES

CANINE VACCINES	FELINE VACCINES	MEDICATIONS	SERVICES
<input type="checkbox"/> Rabies 1yr	<input type="checkbox"/> Rabies 1yr	<input type="checkbox"/> Calming meds	<input type="checkbox"/> Express Anal Glands
<input type="checkbox"/> Rabies 3yr	<input type="checkbox"/> Rabies 3yr	<input type="checkbox"/> Flea & Tick Meds	<input type="checkbox"/> Clean Ears
<input type="checkbox"/> Distemper/Parvo (DA2PP)	<input type="checkbox"/> Feline Distemper (FVRCP)	<input type="checkbox"/> Heartworm Meds	<input type="checkbox"/> Pluck Ears
<input type="checkbox"/> Bordetella (Kennel Cough)	<input type="checkbox"/> Feline Leukemia (FeLV)	<input type="checkbox"/> Deworming	<input type="checkbox"/> Microchipping
<input type="checkbox"/> Influenza			<input type="checkbox"/> Nail Clip/Dremmel
<input type="checkbox"/> Leptospirosis			
DIAGNOSTIC TESTING	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> FIV/FeLV Test	

Client's Name or Authorized Agent: _____

Client's Signature or Authorized Agent: _____ **Date:** _____

Staff Member (Name & Initials): _____ **Date:** _____