



Northgate Animal Hospital **SURGICAL** Admitting Form

Client Name: _____ Pet Name: _____ Date: _____

Phone Number: _____

Procedure: _____

Drop Off And Pick Up Times

- Drop off is at 7:30AM. Please note the clinic and doors open at 7:30AM.
- Bring your pet with this completed form.
- Please bring all your pet's medications and any records, radiographs, etc.
- All pain medication for your pet will be prescribed if needed, and will be an additional fee to the surgical cost on your final bill.
- Your pet will need to be picked up by 6:00 pm unless otherwise notified or your pet is hospitalized overnight.

BLOODWORK: We recommend that pets under 7 years of age have pre anesthetic blood tests done prior to any anesthetic surgery. This test is a Mini-Chemistry panel and PCV blood test. If you would like to authorize these tests to be performed , and additional fee of \$74.85 will be added to your final bill :

I Authorize the preoperative blood tests

I Do Not Authorize the preoperative blood tests

We **REQUIRE** that pets **7 years of age and over** have preanesthetic blood work blood tests done prior to any anesthetic surgery. This test is a Chemistry Panel and PCV blood test. This pet will also be placed on IV fluids during the surgical procedure per the hospital's surgical protocols. The total cost of these treatments are \$206.75.

LASER SURGERY: Laser surgery reduces pain, tissue swelling and bleeding during and after the surgical procedure. This procedure is available for an additional fee of \$92.80. **(All declaw surgeries are required to be done with the surgical laser, no exceptions can be made with declawing)**

I Authorize the laser surgery

I Do Not Authorize the laser surgery

CURRENT MEDS: Please list any current medications below, when they were last given, what time they were given, and how often you administer them : (Please bring any medication you were not able to give today)

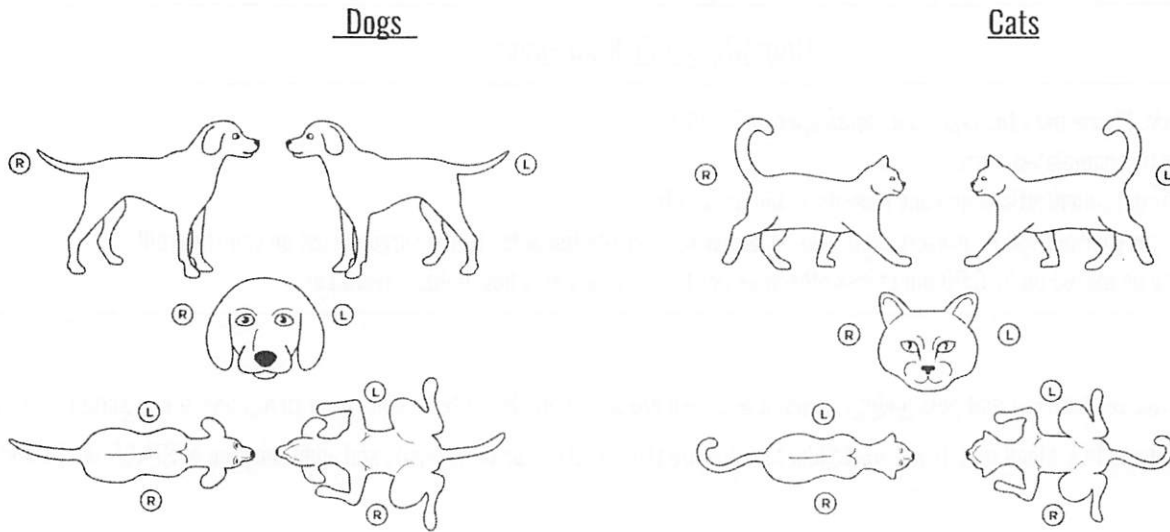
ALLERGIES: Is your pet allergic to any medications? Allergic to any food? If so, please list them below:



BIOPSY: If your pet is to have a surgical procedure to remove a mass, lump, tumor, etc, is Northgate Animal Hospital authorized to send out a surgical biopsy for additional testing? There will be an additional cost to this diagnostic testing added to the cost of your final bill:

YES I authorize a biopsy (\$172.00) NO I do not authorize a biopsy

If there are any biopsies to be performed on your pet today, please list and circle the location of areas of your pet you would like to have a surgical biopsy performed on the chart below:



VACCINATIONS: If your pet is coming due for any yearly vaccinations, would you like those updated while your pet is here at an additional cost? I Authorize vaccines to be given I Do Not Authorize vaccines to be given

FLEAS: Pets with fleas will be treated with an in hospital product at an additional cost. If you have recently treated your pets for fleas, please inform us of what product was used and when you applied it. _____

MICROCHIPPING: Microchipping your pet places an identification chip with a coordinating number under the skin. The number is then registered to you through Petlink, so in the event your pet is lost it can be assisted in returning them home. Lifetime registration is included with the cost of the microchip, so this means there is no additional fee to register your pet to the national database. The fee for the microchip is \$54.00 to have the microchip placed. The microchip fee normally is \$60.00 for placement, this has been discounted for 10% today for pets undergoing anesthesia.

I Authorize Microchip placement for my pet. I Do Not Authorize Microchip placement for my pet.



ADDITIONAL TREATMENTS: If our professional staff sees a medical problem that needs to be treated such as an ear infection, skin allergy, extraction of retained baby teeth, etc. do we have authorization to treat your pet appropriately? The additional treatments will be at additional costs.

I Authorize additional treatments. I understand that there will be additional charges associated above the regular surgery fees.

I Authorize additional treatments for up to: \$200 \$300 \$400 _____

Please call first with an estimate before any additional treatments.

***YOU MAY BE REQUIRED TO LEAVE A DEPOSIT BY TELEPHONE**

PLEASE ANSWER THE FOLLOWING QUESTIONS	<u>YES</u>	<u>NO</u>
Is your pet eating and drinking normally?		
Is your pet weak or lethargic?		
Is your pet vomiting?		
Does your pet have diarrhea?		
Does your pet strain when urinating?		
Does your pet have blood present in its urine?		
Is your pet coughing?		
Is your pet sneezing?		
Is your pet gagging?		
Has your pet been exposed to any other pets recently?		
Has your pet had surgery recently?		
Does your pet chew/eat bedding, toys, etc?		
Is your pet limping? If Yes, Circle Where : LR RR LF RF		

DOGS: Has your dog been tested for heartworms? If not, would you like to have testing done today for \$58.55?

I Authorize heartworm testing I Do Not Authorize heartworm testing.

CATS: Has your cat been tested for Felv/FIV? If not, would you like to have testing done today for \$56.10?

I Authorize Felv/FIV testing I Do Not Authorize Felv/FIV testing.



CPR CODE Consent Agreement: In the event of a medical emergency while my pet is under anesthesia:

_____ I authorize Northgate Animal Hospital to perform CPR (Resuscitation) on my pet if my pet is suffering respiratory arrest or cardiac arrest. I understand that my pet may not respond initially and then suffer another arrest later. I understand that my pet may die despite life saving efforts being made. I understand that if my pet survives because of CPR, he/she may have additional medical problems as a result of CPR being performed. The estimate for initial CPR is \$300 to \$500. The estimate for the first 24 to 48 hours of veterinary care after CPR depends partially on pre-existing injury or illness and may be \$1000 to \$2000; however, costs can greatly exceed this estimate. (FULL CODE STATUS)

_____ I DO NOT want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet may die unless CPR is performed. I elect to DNR (Do Not Resuscitate) orders placed on my pet's record OR I elect that the veterinary staff stop the initial attempts at CPR that may have been started while I was being informed of the condition of my pet and my options. (DNR CODE STATUS)

Animals that have been successfully resuscitated are extremely critical and unstable. The likelihood of re-arrest is high and usually occurs within 4 hours of the initial arrest. If resuscitation is successful, there is only about a 20% chance that a pet will stay alive for the first 4 hours after resuscitation. The percentage of long term survival is even lower, and may be as low as 1%, depending upon what caused the arrest. Brain damage is common due to temporary lack of oxygen to the brain, which can result in blindness and/or impaired mental function, leaving a pet with physical and/or mental disabilities. This impairment may last for days, weeks, or years.

I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE OR HAD IT EXPLAINED TO MY SATISFACTION.

I am the owner or agent of the owner of the above named pet and hereby authorize the performance of treatment for this pet. I understand that unforeseen conditions may necessitate an extension of the treatment or a different treatment may be recommended and therefore authorize such treatments as necessary in the professional judgment of the veterinarian. I authorize the use of appropriate anesthetics and medications in the treatment of this pet. I have and will be advised of the nature of the treatment and I understand that while every effort will be made to provide the best care for my pet, results cannot always be guaranteed. I understand that all fees must be paid in full at the time of release unless other arrangements have been made in advance with the veterinarian, medical director or with the practice manager of Northgate Animal Hospital. I have read the above information; I understand and agree to the conditions and policies of Northgate Animal Hospital.

Owner Signature: _____

Date: _____