

Lebanon Small Animal Clinic, Inc.
Surgical/Hospitalization Admission Form

OWNERS CONSENT FOR ANESTHESIA & SURGERY/HOSPITALIZATION:

Date: _____

Client Name: _____

Pet Name: _____

Procedure: _____

I am the owner or agent of the owner of the above named pet and hereby authorize the performance of this procedure. I understand that unforeseen conditions may necessitate an extension of the procedure or a different procedure and therefore authorize such procedures as are necessary in the professional judgment of the veterinarian. I authorize the use of appropriate anesthetics and medications. I have been advised of the nature of the procedure and I understand that while every effort will be made to provide the best care for my pet, results cannot always be guaranteed. *Certain laboratory tests will be performed on patients before general anesthesia to assure that they are in the low risk category.*

Treatment: While your pet is here, if we see a problem that needs to be treated such as an ear infection, skin allergy, extractions, etc., do we have authorization to treat, or do you need to be notified first of any additional treatment and charges?

TREAT **CALL FIRST** (If we are unable to reach you please know that no further treatment will be done)

TELEPHONE NUMBER where you may be reached today: _____*

* **Alternate number or person:** _____

You will be called if there is a need for further discussion concerning your pet's treatment or care.

Vaccinations: We require that pets be current on vaccinations. Verification is required.

Is your pet current on their vaccinations? **Y** **N**

Date and Veterinarian: _____

Veterinarian's phone number: _____

Fleas: Pets with fleas will be treated at an additional cost. Have you recently treated your pet with a flea product? **Y** **N** Name of product and date treated _____

Heartworm: Has your pet been tested for heartworms in the past year? **Y** **N**

Are they on a Heartworm preventative? **Y** **N** Name of product and date treated _____

Any Additional Procedures: (initial please)

Nail Trim _____ (\$13)

Vaccinations _____ (ask for prices)

FIV/Felv Test _____ (\$45.15)

Microchip _____ (\$58.99 incl. reg.)

Heartworm Test _____ (\$31)

Anal Glands _____ (\$16)

Ear Cleaning _____ (\$15-gr.1)

Other _____

With some elective surgeries (spays/neuters) pain medications are optional to the owner. You may ask an employee for details on pricing. **Pain Medications **Y** **N** **

All fees must be paid in full at the time of release. I have read the above information. I understand and agree to the conditions and policies of Lebanon Small Animal Clinic, Inc

Signature of Owner/Agent: _____ **Date:** _____

