



Yelm Veterinary Hospital
1120 Yelm Ave W
Yelm, WA 98597

CLIENT ID# _____

GENERAL

SURGERY ADMISSION FORM

Date: _____

Patient: _____

Client: _____

Species: _____

Address: _____

Breed: _____

Home Phone: _____

Sex: _____ Age: _____

Emergency Phone:

I am the owner or am responsible for the above named animal and have the authority to execute this consent. I hereby authorize the performance of the following procedure.

Procedure(s):

FOR THE PROTECTION OF ALL OUR PATIENTS OUR HOSPITAL **STRONGLY** RECOMMENDS PATIENTS BE CURRENT ON ALL VACCINES.

- I wish to have my pet's vaccines made current.
 I have provided proof of current vaccination on my pet
 I wish to decline vaccinations

COMPLETE PRE-ANESTHETIC BLOOD TESTS ARE **STRONGLY** RECOMMENDED BEFORE ANY SURGERY TO ENSURE THE SAFETY OF YOUR PET DURING THE PROCEDURE. This fee is : \$88.95.

Our hospital policy is that all animals undergoing an anesthetic procedure have minimal bloodwork to assess anemia. An intravenous catheter and fluids are also a requirement for the safety of your pet during anesthesia. Therefore it is a requirement that we perform these services for your pet. This fee is \$29.87.

CATS: Leukemia/Aids test w/blooddraw \$48.75 () Decline Leukemia/Aids Test ()

Initial _____ Yes, For my pets safety, I would like to request pre-anesthetic bloodwork

Initial _____ Yes, I would like my pet's anal glands expressed while under anesthetic at the discounted rate of \$11.32 (Normally \$23.17)

Initial _____ Yes please place a "Home Again Microchip" \$41.99 for the safety of my pet

Initial _____ I would like an estimate. Initial _____ I would not like an estimate or already have an estimate.

To help your pet Yelm Veterinary Hospital is a "Flea Free Environment"- if fleas are present your pet will be given "CAPSTAR" a 24 hour flea preventative for the cost of \$9.86- \$10.81 We recommend a monthly flea preventative. Initial _____ I am aware of this protocol.

Initial _____ I understand that surgeries are scheduled at the surgeons discretion depending on the daily schedule and type of surgery.

I understand that during the performance of the foregoing procedure unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure than those set forth above. Therefore, I hereby consent to and authorize the performance of such actions as necessary and desirable in the exercise of the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics and other medication, and I understand that the veterinarian will employ hospital support personnel as deemed necessary. I realize the results can not be guaranteed. I also understand that there with all surgeries there is an inherent risk of death.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:

Signed _____ Legal owner or agent