

Yelm Veterinary Hospital  
1120 Yelm Ave W  
Yelm, WA 98597

CLIENT ID# \_\_\_\_\_

**SPAY/NEUTER  
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

**A COMPLETE PRE-OPERATIVE BLOOD SCREEN IS STRONGLY RECOMMENDED PRIOR TO ANY SURGERY FOR THE SAFETY OF YOUR PET: WE OFFER THIS AT A DISCOUNTED RATE FOR SPAYS AND NEUTERS FOR \$59.95. (Regular cost: \$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 \$25.00 ( ) Decline Leukemia/Aids Test ( )**

Initial \_\_\_\_\_ Yes, For my pet's 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 (Regular Cost: \$23.17)

Initial \_\_\_\_\_ Yes please place a "Home Again Microchip" \$41.99

Initial \_\_\_\_\_ I would like additional oral pain medications sent home with my pet.

Initial \_\_\_\_\_ I would like an estimate.

Initial \_\_\_\_\_ I would not like an estimate or already have an estimate.

In the event that your pet is pregnant, we will try to reach you by phone, if we are not able to reach you, we:

Initial \_\_\_\_\_ Have permission to continue with surgery.

Initial \_\_\_\_\_ Do not continue with surgery

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 will also 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 surgeries.

I understand that during 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 with all surgeries there is an inherent risk of death.

**I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:**

Signed \_\_\_\_\_ Legal owner or agent