

DeSoto Animal Clinic

Veterinary Medicine & Surgery

Arrive for admission between 8:00am and 8:30 am on _____.

Fasting instructions: NO FOOD after 8:00 PM the night prior to anesthesia. Access to water is acceptable.

Please Note: If your pet has external parasites on admission, treatment will be applied at your expense.

SURGERY ADMISSION FORM

Date _____

Owner's Name _____ Pet's Name _____

Procedure(s) Scheduled For Today:

- | | |
|---|---|
| <input type="checkbox"/> OHE-Spay | <input type="checkbox"/> Laparotomy (Exploratory) |
| <input type="checkbox"/> Castration | <input type="checkbox"/> Deep ear cleaning + - Myringotomy |
| <input type="checkbox"/> Declaw (LASER Only) | <input type="checkbox"/> Cystotomy (Urinary bladder surgery) |
| <input type="checkbox"/> Biopsy (complete the locator map) | <input type="checkbox"/> Extract retained deciduous tooth/teeth |
| <input type="checkbox"/> Excision "lump removal" (complete locator map) | <input type="checkbox"/> Specialist _____ |
| | <input type="checkbox"/> Other _____ |

Accept

Decline

- Pre-anesthetic blood testing: \$58.00**
This test can help reveal hidden problems, which could alter or even prohibit anesthesia.
- Blood clotting test: \$49.00**
Highly recommended before any invasive surgical procedure. Blood clotting disorders are uncommon, but this test can detect abnormalities before pursuing surgery.

Other Services Requested:

- Express Anal Sacs Nail Trim Clean Ears Microchip

What do you feed your pet? _____

When did your pet last eat? _____

When did your pet last drink? _____

Is your pet on heartworm preventative? _____

Is your pet on flea medication? _____

Is your pet on any other medications, dosage and last time given: _____

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for any additional diagnostic labwork, or x-rays, would you like us to:

- perform the procedures contact you with an estimate (ph.# _____)

If your pet requires additional surgical/anesthetic procedures, would you like us to:

- perform the procedures contact you with an estimate (ph. # _____)

I permit DeSoto Animal Clinic to treat my pet within the above guidelines.

Signature: _____ Date: _____

Home phone: _____ Wk# _____ Cell# _____

Estimate Provided To Client _____ Employee Initial _____

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