

# 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# \_\_\_\_\_

**Please indicate your preferred contact number.**

- Estimate Provided To Client       Employee Initial

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