DeSoto Animal Clinic
Veterinary Medicine
& Surgery

SURGERY ADMISSION FORM

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.

Date: ____________________

Owner's Name: __________________________________ **Pet's Name:** ______________________________

Procedure(s) Scheduled for Today:

- ☐ OHE-Spay
- ☐ Castration
- ☐ Declaw (LASER Only)
- ☐ Biopsy *(complete the locator map)*
- ☐ Excision "lump removal" *(complete locator map)*
- ☐ Laparotomy (Exploratory)
- ☐ Deep ear cleaning +/- Myringotomy
- ☐ Cystotomy (Urinary bladder surgery)
- ☐ Extract retained deciduous tooth/teeth
- ☐ Specialist: _________________________
- ☐ Other: ____________________________

Pre-anesthetic blood testing: $114.32 ☐ Accept ☐ Decline
This test can help reveal hidden problems, which could alter or even prohibit anesthesia.

Blood clotting test: $72.89 ☐ Accept ☐ Decline
Highly recommended before any invasive surgical procedure. Blood clotting disorders are uncommon, but this test can detect abnormalities before pursuing surgery.

Electrocardiogram Screen (ECG): $52.00 ☐ Accept ☐ Decline
This screen can help detect abnormal electrical impulses and/or changes in the size of the heart.

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? ☐ No ☐ Yes **If yes, what?** ______________________________

Is your pet on flea/tick medication? ☐ No ☐ Yes **If yes, what?** ______________________________

Is your pet on any other medication(s)? ☐ No ☐ Yes **If yes, dosage and time last given:** ____________________

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for diagnostic labwork or x-rays, would you like us to:
☐ Perform the procedures if below $______________ ☐ Contact you with an estimate

If your pet requires surgical/anesthetic procedures, would you like us to:
☐ Perform the procedures ☐ Contact you with an estimate

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

Signature: ____ Date: __________________________

Home #: ________________________ Cell #: ________________________ Work #: ________________________

Please indicate your preferred contact number: _____________

☐ Estimate Provided to Client __________ Employee Initial

ALEX KANZLER, D.V.M. • WARREN HARPER, D.V.M. • ALI COAN, D.V.M
ALTA BUJARSKI, D.V.M. • JENNA HEUSI, D.V.M. • NATHAN CLAUNCH, D.V.M.
2910 Manatee Avenue West, Bradenton, FL 34205 | phone (941) 748-2637 | fax (941) 748-7032 | www.desotoanimalclinic.com