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: _____

☐ **I understand that my pet is undergoing general anesthesia for the below procedure (please initial) _____**

Procedure(s) scheduled for today (may not include additional post-op pain control AND does not include any medication to be sent home)

☐ Cystotomy (Urinary bladder surgery)
☐ Biopsy *(complete the locator map)*
☐ Excision "lump removal" *(complete locator map)*
☐ Extract retained deciduous tooth/teeth
☐ Other: _____

Additional Diagnostics/Treatments:

Pre-anesthetic blood testing: $121.40 ☐ Accept ☐ Decline
This test can help reveal hidden problems, which could alter or even prohibit anesthesia.

Blood clotting test: $76.90 ☐ 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 $28.00 ☐ Nail Trim- Complimentary ☐ Clean Ears $30.00 ☐ Microchip $55.00

What do you feed your pet? _____

When did your pet last eat? _____ **When did your pet last drink?** _____

Is your pet on heartworm, flea and tick preventative? ☐ No ☐ Yes - Brands?_____

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

Permission for additional Diagnostics and Treatment. Please read before signing.

If we find the need for additional diagnostic lab work or x-rays, or surgical anesthetic procedures, would you like us to:
☐ Perform the procedures if below $_____ ☐ Contact you with an estimate

I permit DeSoto Animal Clinic to treat my pet within the above guidelines, please provide us with phone numbers where we can reach you for any questions or concerns. If we cannot reach you, by signing below, you authorize our doctors to make any necessary medical decisions (if needed) in your pet's best interest.

Signature: _____ Date: _____
Primary Phone : _____ Secondary Phone : _____

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