



CHIPLEY ANIMAL HOSPITAL

SURGICAL ADMITTANCE FORM

Date _____

Last name _____, First name and spouse _____

Address: _____

City _____, St. _____ Zip _____

Pet's Name _____ Sex _____

Color _____ Age _____

Primary Phone _____ Receives Texts? _____

Secondary Phone _____ Receives Texts? _____

LABORATORY TESTING CONSENT

Your pet is coming in for a procedure or surgery that requires anesthesia. Some pre-existing conditions may not be evident on examination and blood screening can help identify these conditions that could lead to complications.

Age of pet _____

0-5 years of age: Do you want to have a pre-surgical screen performed on your pet?

YES _____ NO _____

6 years of age and older required: Do you understand that we will require a pre-surgical screen on your pet (unless we have current lab work on file)? Please initial your understanding: _____

Are there any other services that you would like performed while your pet is under anesthesia?

Microchip? _____

Nail file/grind? (Nails are trimmed free of charge.) _____

Vaccines? _____

Other? _____

TO BE COMPLETED AT TIME OF PATIENT DROP OFF

Pre-op Exam temp _____ Pre-op Patient Weight _____

Is your pet on heartworm preventative? _____

Did your pet eat or drink anything today? _____

Is your pet allergic to any drugs? _____

Checked in by _____

As the owner or agent for the owner of the above described animal, I hereby give my consent to Chipley Animal Hospital to perform the following surgery and/or treatment

I understand that during the performance of the above-mentioned surgery and/or treatment, unforeseen conditions may be revealed that necessitate an extension of this procedure or a different procedure than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are determined medically necessary by the veterinarian of Chipley Animal Hospital, LLC (CAH). Furthermore, I authorize CAH to use any diagnostic or medical methods, including medications, which in the professional judgment of the veterinarian are deemed medically necessary for the treatment and maintenance of my pet's health. The nature and risks of such services and/or procedures have been described to my satisfaction. I realize ethically and professionally results and outcomes cannot be guaranteed. In the event of abandoning my pet, I authorize CAH to humanely dispose of said animal as directed by the Florida statute concerning "Animal Abandonment." All financial obligations shall be paid in full upon discharge from the hospital. Certain circumstances

may require a deposit. Any animal to have surgery at CAH will be checked for fleas and ticks. Any animal found with fleas or tickets will be treated and the owner will be charged for a medicated bath and prevention. I hereby grant permission to CAH to photograph myself and/or my pet and use such images in all forms of media for any and all promotional purposes including advertising, display, exhibition or educational purposes. I further understand that there will be no financial compensation to me.

Please sign _____ Date _____

Please print name _____