

Abby Road Veterinary Hospital
90 Atlas Rd
Northampton, PA 18067
(610)440-1504

Surgical Admission Form

Date: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Patient Information:

Pet Name: _____

Canine Feline

Age: _____

Procedure to be Performed:

Reason for Visit? Surgery

Microchip *If your pet is not microchipped, would you like one placed today?*

Yes No *Already Chipped (please check one).*

***We strongly recommend a pre-surgical blood screen on all anesthesia patients.
(Pre-anesthetic blood work is Mandatory for pets over 6 years of age.)***

As with any procedure requiring general and/or local anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we recommend baseline bloodwork be performed in order to assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients. Evaluating electrolytes, hematocrit, and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.

Blood Screening/Consent Waiver

DO *authorize recommended Blood Screening*

IDO NOT *authorize the recommended Blood Screen.*

(I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this pre-anesthetic blood screening for your pet's safety.)

As the owner of the above pet, I certify that I am over the age of 18; and I authorize the staff of Abby Road Veterinary Hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have answered all questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this hospitalization.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

In the event that my pet is required to wear a device to inhibit wound licking, scratching, chewing, I would prefer:

Elizabethan Collar (Cone)

Recova Shirt (Suit)

Despite my choice above, I understand that the final decision on which device is best for my pet's recovery is up to the Veterinarian.

Should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures (Please check one).

Closed Chest Resuscitation including drugs, CPR, and assisted breathing

Do not attempt resuscitation (DNR)

IMPORTANT!

Please confirm the phone number we should use to contact you regarding your pet:

Preferred Contact Number: _____

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner Signature: _____

Date: _____