

Stoney Brook Veterinary Hospital

SURGERY OR HOSPITAL CARE ADMITTING FORM

<animal>

<last-name>, <first-name>

Date:

Section I: Information and Anesthetic Release

Did you pet eat this morning? Yes No
 Is your pet taking any medications? Yes No Did he/she receive the medication this morning? Yes No
 Has your pet experienced any unreported illness or injury in the last 30 days? Yes No
 Are you aware of any seizures or problems with anesthesia in the past? Yes No

The best number to contact me is: _____ which is my Home phone Work phone Cell phone
 I will be at this number All Day In/out AM PM

Section II Procedures to be Performed

I authorize and direct the veterinarians and staff of Stoney Brook Veterinary Pet Hospital to perform procedures checked below:

| | |
|--|---|
| Spay <input type="checkbox"/> Yes <input type="checkbox"/> No | Neuter <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Surgery: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anesthesia <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-Anesthetic bloodwork <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No | Radiographs <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IV Catheter/Fluids <input type="checkbox"/> Yes <input type="checkbox"/> No | Biopsy Send/Don't Send <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood work/Urinalysis <input type="checkbox"/> Yes <input type="checkbox"/> No | Symptomatic Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subcutaneous Fluids <input type="checkbox"/> Yes <input type="checkbox"/> No | Urinary Catheterization <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Pre-anesthetic Bloodwork – Evaluation of basic liver/kidney functions and blood sugar levels

Accept Yes No N/A

Admitting Technician _____

Anesthetic Release:

I understand that during the performance of the following procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures different from those set forth previously. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures as well as the risks involved, and while I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

I further recognize that a stay in a veterinary hospital can be stressful for my pet, and I authorize the use of anti-anxiety medication (such as valium) to calm my pet if indicated and agree to pay for the anti-anxiety medication.

I authorize Kim Jones, DVM, and/or her agents to perform any diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well being. I expect Dr. Jones and/or her agents to use reasonable precautions to ensure my pet's safety, and I agree to pay in full when my pet is discharged (unless other arrangements have been made).

Signature of owner/agent: _____

If I am unreachable, please try this person _____ at this phone number _____

Section III Current Health

Are Vaccines current? Yes No If NO, please check which vaccines your pet needs. We will update them today if possible.

| | |
|--|--|
| Rabies <input type="checkbox"/> Yes <input type="checkbox"/> No | DAPP (canine) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FVRCP (feline) <input type="checkbox"/> Yes <input type="checkbox"/> No | 4DX HWT/Lyme (canine) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FELV (feline) <input type="checkbox"/> Yes <input type="checkbox"/> No | Bordetella (canine) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FELV/FIV (feline) <input type="checkbox"/> Yes <input type="checkbox"/> No | |