

# Bayridge Veterinary Hospital

Lisa A. Cooper DVM  
Brian F. Theiss DVM

Tel. (239) 596-1221  
Fax (239) 596-1257

## SURGERY ADMITTING FORM

**Patient Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

<u>Yes / No</u>	<u>Update?</u>	<u>Yes / No</u>	<u>Update?</u>
CATS: <input type="checkbox"/> <input type="checkbox"/>	Rabies <input type="checkbox"/>	DOGS: <input type="checkbox"/> <input type="checkbox"/>	Rabies <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Distemper <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Distemper <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Leukemia <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Bordatella <input type="checkbox"/>

Is your pet on heartworm preventive?  Yes  No  
Has the pet been checked for intestinal parasites in the last 12 months?  Yes  No  
Did your pet eat this morning?  Yes  No  
Is your pet allergic to any drugs?  Yes / What? \_\_\_\_\_  No  
Has your pet had any illness or injury in the past 30 days?  Yes / What? \_\_\_\_\_  No  
Any history of seizures and/or previous anesthetic problems?  Yes  No  
Current medications? \_\_\_\_\_  
Procedure To Be Performed: (OHE) (Neuter) (Declaw) Other: \_\_\_\_\_

**Elective Procedures To Be Done At The Same Time:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Routine Toe Nail Trim                      | <input type="checkbox"/> Toe Nail Grinding                  | <input type="checkbox"/> Flea Control    |
| <input type="checkbox"/> Ear Cleaning                               | <input type="checkbox"/> Ear Flushing                       | <input type="checkbox"/> Remove Dewclaws |
| <input type="checkbox"/> Extract Deciduous Teeth                    | <input type="checkbox"/> Dental Propy                       | <input type="checkbox"/> Repair Hernia   |
| <input type="checkbox"/> Microchip Identification Implant           | <input type="checkbox"/> Hip Dysphasia Screening Radiograph |  |
| <input type="checkbox"/> Bath                                       | <input type="checkbox"/> Brush Out / Clip Hair Mats         |  |
| <input type="checkbox"/> Remove Warts/Skin Growth (Location: _____) |   |  |

**Owner Authorization & Release:** I understand all anesthesia & surgery involves some potential risks and complications for my pet.  
You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections); and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. **I agree to pay for services rendered.**  
**I have read the foregoing, understand what it says, and agree.**

Signature \_\_\_\_\_ Date <date> \_\_\_\_\_  
Phone: \_\_\_\_\_