

Admitting Technician:	
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Hospital Admission/ Anesthetic Release Form

0 No	D. I.
Patient Name:	Date: Weight:
Section 1: Patient Information	
Was your pet fasted (no food) over ni	_
 Has your pet taken any medications in If yes what medications and what 	n the last 24 hours? Yes No it time?
	or injuries in the last 30 days? Yes No
Has your pet ever had any seizures or	problems with anesthesia in the past? Yes $\ \square$ No $\ \square$
 If yes do you remember what dr Section II: Procedure to be preformed 	ugs were used during anesthesia?
I authorize and direct Prices Creek Veterinary	Service to perform the procedures checked below:
Surgical Procedure:	
	eter IV Fluids if required Hospitalization if required ith fleas will be treated in the clinic at an additional cost)
•	orm Test
examination. However, many conditions, including performed. A simple basic screen of major organ sbenefit from the basic healthy pre-anesthesia blockbodies, just as in ours. Therefore, in middle aged a	your pet. Before putting your pet under anesthesia we will perform a full physical g disorders of the liver, kidneys and blood are not detected unless blood testing is ystems is the minimal recommendation for a pre-anesthesia screen. Pets of all ages od screen. As our pets age, there is a greater chance of functional decreases in their and senior pets over 7 years old, we recommend an expanded profile of tests. In erence values for future use if your pet becomes ill. Tests are run in our fully liable before anesthesia and/or surgery.
Section III: Anesthesia/Sedation/Procedure Rel	lease Form
surgical techniques, I understand that there are and that medical results cannot be guaranteed.	off members take every precaution and uses up-to-date monitoring devices and always potential risks using anesthesia or performing surgery on an animal I further understand even with extreme care, rare adverse reactions, which sia procedure. These reactions may include cardiac arrest, respiratory arrest,
different from those set forth above, unless an	each me by telephone for permission prior to any additional procedures emergency situation with my pet prevents it. Additional non-emergency given prior permission. I give my permission to have my pet resuscitated if Initial for Do Not Resuscitate:
hereby give my permission to have my pet ane by signing the line below.	esthetized by Prices Creek Doctors and Staff for the procedure/treatment above
Signature:	Date:
Emergency Contacts Name:	Phone Number: