

Account #: \_\_\_\_\_

# Surgery Admission Form



LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ TEXT OK: YES NO

PET NAME: \_\_\_\_\_ DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ MALE:  FEMALE:

AGE/DOB: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

## SURGERY AUTHORIZATION AND RELEASE: Read and Sign

I, acting as owner or agent of the pet named above, authorize Spay & Neuter Center of Southern Nevada to perform the requested services.

**PLEASE INITIAL EACH LINE:**

- \_\_\_\_\_ My pet is in good health to the best of my knowledge and has had no food since 12:00 midnight the evening prior to surgery.
- \_\_\_\_\_ I understand that there are inherent risks with anesthesia and surgery. Some factors significantly increase surgical risk. These include, but are not limited to, pregnancy, heat cycle, obesity, and feline leukemia/immunodeficiency virus.
- \_\_\_\_\_ I understand that if my pet is pregnant, the pregnancy will be **terminated** as a result of the surgical procedure.
- \_\_\_\_\_ I understand that my pet will NOT receive pre-operative blood work and have waived the option to have this service performed prior to surgery at a full-service hospital.
- \_\_\_\_\_ My pet must be picked up by **5:00 PM** or additional charges may apply.
- \_\_\_\_\_ **I have received a copy of the aftercare instructions.**
- \_\_\_\_\_ I hereby release the Spay & Neuter Center of Southern Nevada and its staff from all claims arising out of or connected with surgery or vaccination due to unforeseeable circumstances. I understand additional charges may be incurred due to unforeseeable complications and/or conditions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PE: CV \_\_\_ RESP \_\_\_ EENT \_\_\_ MM \_\_\_ CRT \_\_\_ T \_\_\_ HR \_\_\_ RR \_\_\_ MS \_\_\_ CNS \_\_\_ ABD \_\_\_ INT \_\_\_ UG \_\_\_

Acepromazine 1 mg/ml \_\_\_\_\_ ml SQ IVC \_\_\_\_\_  
 Propofol 10 mg/ml \_\_\_\_\_ ml IV (ind) Range \_\_\_\_\_ cc - \_\_\_\_\_ cc IVF/SQF \_\_\_\_\_  
 Ket 100mg/ml/Mid 5mg/ml \_\_\_\_\_ ml IV 50:50 mix (ind) ETT \_\_\_\_\_  
 Metacam 5 mg/ml \_\_\_\_\_ ml SQ @ \_\_\_\_\_ Iso.Maint/Pulseox/Resp X \_\_\_\_\_  
 Buprenorphine 0.5 mg/ml \_\_\_\_\_ ml SQ @ \_\_\_\_\_ Ind: \_\_\_\_\_  
 Ace 10 mg \_\_\_\_\_ # \_\_\_\_\_ Ace 25 mg \_\_\_\_\_ # \_\_\_\_\_ Ext: \_\_\_\_\_  
 Tramadol 50 mg \_\_\_\_\_ # \_\_\_\_\_ Post Op: \_\_\_\_\_  
 Carprofen \_\_\_\_\_ mg \_\_\_\_\_ # \_\_\_\_\_ D/C BY: \_\_\_\_\_  
 Dilute Dexdom 0.05 mg/ml \_\_\_\_\_ cc Cerenia 10 mg/ml \_\_\_\_\_ cc

TIME	0	5	10	15	20	25
TEMP						
PULSE						
RESP.						
INITIALS						

Temp \_\_\_\_\_ F

Time: \_\_\_\_\_

Status: \_\_\_\_\_

Post-op meds: \_\_\_\_\_

iNote: \_\_\_\_\_

SURGEON \_\_\_\_\_

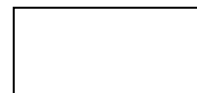
RTG \_\_\_\_\_

ETA \_\_\_\_\_

CARRIER: \_\_\_\_\_

CODE	PROCEDURE	CHARGES
	___ SPAY ___ NEUTER	
	___ RABIES	
	___ DA2PPV	
	___ Bordetella	
	___ FVRCP	
	___ FeLV vaccine	
	___ Flu vaccine	
	___ Microchip	
	___ Nail Trim	
	___ Cerenia	
	___ E-Collar	
	___ Sedation	
	___ Hernia	
	___ Pregnant	
	___ In-Heat/Obese	
	___ Cryptorchid	
	___ Pyometra	
	___ Dewormer	
	___	
	___ BIO FEE	\$3.50
	Subtotal	
	Paid	
	<b>Balance</b>	

Account #: \_\_\_\_\_



\_\_\_\_\_ I acknowledge and accept that there may be an additional fee if my pet is found to be obese, in heat, or pregnant at the time of surgery.

\_\_\_\_\_ I understand that the veterinary staff was unable to examine my pet before anesthesia due to the temperament of the patient. There may be problems that are not detected until after anesthesia and may lead to complications.

\_\_\_\_\_ I listened to, read, and understood my pets go home instructions. I am aware that this is needed for the health and safety of my pet.

Additional Surgical Notes:

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