**SURGERY ADMITTING FORM**

PET HISTORY

Did your pet eat this morning? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Is your pet allergic to any drugs? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

Has your pet had an illness or injury in the past 30 days? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Does your pet have any history of seizures and/or previous anesthetic problems? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Current medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure to be performed: (OVH-spay) (Neuter) (Declaw) (Dental) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fleas Present? Yes No (2) Testicles (Neuter)? Yes No Deciduous teeth present? Yes No

Dental Cleaning? Yes No In Heat/Pregnant (Spay) Yes No Umbilical Hernia present? Yes No

 **Pain Medication not optional.**

Admitting Tech initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elective procedures to be done at the same time:

 Yes No

* Extract Deciduous teeth \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Pain Medication \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Dental Cleaning \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Microchip Identification Implant \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Ear Cleaning \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Repair Umbilical \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Remove Warts/Skin Growth ( Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Owner authorization & release:

 You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risks 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 that 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surgery Admittance Form**

Clients first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animals Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions or drug allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSTENT FOR SURGICAL PROCEDURE**

I, being of legal age and responsible for the animal described above, have the authority to grant Brevard Aid to Animals, it’s staff members, and agents my consent to receive, transport, prescribe for, treat and/or perform surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that Brevard Aid to Animals, its staff and agents will not be held liable or responsible in any manner and I assume all risks.

If my pet is here for surgical sterilization, I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedure will be performed regardless of the animals’ sex or pregnancy status. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I also understand that all animals must be picked up from the clinic at the time designated by the clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with the policies established by Brevard Aid to Animals. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

If in the course of treatment a condition occurs which requires immediate medical attention, the attending veterinarian may perform such procedures.  I consent to these procedures and agree to pay reasonable additional charges.

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There may be additional charges if the animal is overweight, in heat, or pregnant.  Other applicable charges may include IV fluids, IV catheter, blood work, antibiotics, or flea treatment.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BATA COPY**

**POST OPERATIVE INSTRUCTIONS**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE: Follow these instructions for two weeks after surgery. Do not allow your pet to lick or chew its incision. If this happens, we recommend an Elizabethan Collar. E-collar is a must for dogs.**

**AFTER SURGERY:**

1. Your pet may feel nauseous and may not want to eat today, only offer small amounts of food and water tonight and tomorrow.
2. Your pet may be uncoordinated and weak from the anesthesia for the next 24 hours
3. Keep your pet inside and quiet for 10 days. Restrict exercise and do not allow, jumping, or climbing.
4. Activity must be restricted for 10 days. Isolate from other pets and supervise children. **NO ROUGH HANDLING**. Do not allow your pet to roam free or leave them unattended outside. This includes no running, jumping, or climbing.
5. Do not bathe your pet for the next 14 days. This may cause surgical site infection.
6. Endotracheal tubes (tube in the windpipe) are routinely used in dog and cat surgeries. A cough may occur for up to 3 days. If cough persists, please call your regular veterinarian.
7. Your pet may throw up yellow or white bile, this is from the anesthesia.
8. E-Collars must be worn for 10 days, if you notice your pet licking the surgical site.
9. Begin medication as instructed.

**WOUND CARE:**

Keep the area clean and dry. Some redness and swelling is normal. If there is any discharge or foul odor, if the animal chews at its incision, or if the incision opens, get medical attention immediately. (See below) Unless you are told otherwise, your pet has no external stitches to be removed. Keep E-Collar on to prevent licking and chewing of the surgical site. Remove for eating and drinking.

**Observe your pet for:**

* Loss of appetite for more than two days or refusal to drink water for more than one day.
* Severe depression, weakness, or vomiting after 24 hours.
* Diarrhea, severe pain or incision drainage.

**IF YOU THINK THERE IS AN EMERGENCY OF ANY KIND AND WE ARE CLOSED, CALL THE EMERGENCY CLINIC 321-725-5365. IT WILL BE AT YOUR OWN EXPENSE.**

**Doctors comments and instructions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s signature: Client signature: Date:**

**Brevard Aid To Animals policy for surgery pick-ups!**

The time for surgery pick up is NO LATER than 3:00PM.

After this time, your pet will stay the night in the hospital and you will be charged a $40.00 fee for hospitalization.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_

**CLIENT COPY**

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**Doctor’s signature: Client signature: Date:**