

Crescenta Valley Veterinary Hospital – Surgery Admission Form

Owner Name: _____ Pet Name: _____

Surgery/Procedure to be performed: _____

Telephone Number where I can be reached today: _____

DAY/TIME OF LAST FEEDING: _____

I the undersigned owner or agent of the owner of the pet identified above, certify that: I am _____ I am not____(check one) eighteen years of age or over and authorize the veterinarians at **Crescenta Valley Veterinary Hospital, Inc.** to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Should unexpected life-saving emergency care be required and the Health Care Team is unable to reach me, the Team

Has_____ Does not have_____ (initial one)

my permission to provide such treatment and I agree to pay for such services. I also authorize the use of appropriate anesthetics and pain medication in conjunction with the surgery/procedure(s).

Because no surgical procedure is without some risk, **CVVH** Health Care Team will perform a pre-surgical blood profile. This will insure that your pet is in a low risk category by ruling out pre-existing problems that may not be evident physically, but could lead to complications. The results will be available before surgery and we will contact you should any abnormality be found. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. Fluids will be administered as indicated for supportive care during the anesthetic period.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

ADDITIONAL SERVICES:

Please note any additional services that you would like us to perform while your pet is anesthetized:

Clean Ears \$46.00

Express Anal Glands \$21.00

Nail Trim \$20.00

Microchip \$45.77

Other: _____

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I have read and fully understand the terms and conditions set forth above.

Signature:_____ Print Name:_____

Signature of Parent or Legal Guardian:_____ Date: _____
(If owner/agent less than 18 years of age)