SURGERY ADMITTING & CONSENT FORM

BREED _____ **PET'S NAME** _____ **SEX** _____

PET HISTORY **Are Vaccinations Current ?**

	Yes	No		Update
CATS:	☐	☐	Rabies	☐
	☐	☐	FERC	☐
	☐	☐	FELV	☐
	☐	☐		☐

	Yes	No		Update
DOGS:	☐	☐	Rabies	☐
	☐	☐	DHLP+Parvo	☐
	☐	☐	Lepto 4	☐
	☐	☐	Bordetella	☐

Vaccination Decline: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper/Parvo vaccination for dogs and/or Feline Distemper vaccine for cats be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so." Owner/Agent Initial: _____

Yes	No	
☐	☐	Is your pet on heartworm preventive ?
☐	☐	Has the pet been checked for intestinal parasites in the last 6 months?
☐	☐	Did your pet eat this morning?
☐	☐	Is your pet allergic to any drugs?
☐	☐	Has your pet had any illness or injury in the past 30 days?
☐	☐	Any history of seizures and/or previous anesthetic problems?
☐	☐	Current medications? _____

Pre-Op Exam: Temp: _____ Weight: _____

N	Ab		Yes	No	
☐	☐	Ears	☐	☐	Fleas Present?
☐	☐	Teeth	☐	☐	Rear Dewclaws Present?
☐	☐	Skin	☐	☐	Umbilical Hernia Present?
☐	☐	Toe Nails	☐	☐	Deciduous ("Baby") Teeth Present?

Procedure To Be Performed: _____ **Admitting Nurse Initials:** _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that **I am** / **I am not** (circle one) over **eighteen** years of age, and thereby consent to the examination of my pet by staff veterinarian(s) at the ST. BETHLEHEM ANIMAL CLINIC and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize and/or perform surgery on my animal. I understand that some risks always exist with all medications, vaccines, anesthesia and/or surgery including unknown physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated.

I understand that this document provides an estimate of the costs for veterinary services that will be provided for my pet for the diagnosed condition and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment.

The total estimated charges for _____(Procedure) is $_____. I understand that this is an accurate estimate of the known charges but that complications and/or unforeseen additional problems may require additional services and fees. Should some unexpected life-saving emergency care be required the ST. BETHLEHEM ANIMAL CLINIC staff has my permission to provide such treatment and I agree to pay for such additional care.

Since my pet is being hospitalized, I agree to pay a deposit of $_____ of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours and my attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and a financing fee equal to 1.5% (18%/year) of the unpaid balance.

I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within 5 days after receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy the ST. BETHLEHEM ANIMAL CLINIC may handle this abandonment in the best interests of the animal and the hospital.

_____ _____
Signature of Owner or Agent Date

_____ _____
Signature of Parent or Legal Guardian Date
if owner/agent less than 18 years of age

_____ _____
Address Phone #

Admitting DVM / Staff Signature: _____