**Admitting Surgery Patients**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Phone number(s) where owner can be reached 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* \_\_\_\_Type of surgery performing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \*\_\_\_\_Vaccines up to date
* \_\_\_\_When did your pet last eat/drink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_Heartworm testing/preventative up to date
* \*\*\_\_\_\_Discuss FELV/FIV testing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_Explain pre-surgical blood work Yes\_\_\_ No\_\_\_
* \_\_\_\_Have owner sign consent forms
* \_\_\_\_Fill out ID cage card \_\_\_\_\_\_\_\_\_

Initials

***TECH***

* \_\_\_\_Answer any questions the owner may have
* \_\_\_\_Return all pet’s belongings to the owner (Leashes, blankets, collars, etc ;)
* \_\_\_\_Pre-Anesthesia given to the pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_E-collar
* \_\_\_\_Pain Injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_Pain Medication Tablets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_Anti-inflammatory medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_

Initials

**Anesthesia Consent Form**

 I, the owner or authorized agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pet’s name) hereby consent to allow the doctors and/or staff employed by Good Shepherd Veterinary Hospital, LLC to administer anesthesia/sedation to my above named pet. In signing, I acknowledge that there are risks involved with any anesthetic procedure and accept this risk for my pet without liability to the doctors and/or staff of Good Shepherd Veterinary Hospital, LLC. I understand that there are possible reactions, allergies and other sensitivities that may result in complications including death of the patient. These reactions are uncommon, but still occur in a very small percentage of patients. The doctors and staff of Good Shepherd Veterinary Hospital, LLC will take all necessary measures and precautions to minimize these risks as much as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Owner/Authorized Agent Date

**Pre Anesthetic Diagnostic Tests Consent Form**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your pet is scheduled for surgery requiring the use of anesthesia. Like you, our greatest concern is the safety and well being of your pet. Fortunately, advances in anesthesia have made routine procedures relatively safe with a low rate of complications. However, occasional problems can occur due to the pet’s pre-existing conditions not evident during routine physical examinations. We require that your pet undergo pre-anesthetic blood work (includes BUN/Creatinine/ALT/ALKP/Glucose/Total protein and PCV) to screen for dehydration, hypoglycemia, kidney and liver diseases, and anemia prior to surgery. For pets over 5 years old, a Complete Blood Count (CBC) is also required. If you would like any additional diagnostic tests done, please circle them below.

1. Urine Analysis- screening for UTI, dehydration, diabetes, ketones, or renal system compromise
2. Diagnostic radiograph (x-rays)
3. EKG
4. Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Authorized Agent Date Witness

I, the Owner/Agent of the pet named\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby, decline such pre anesthetic safety evaluation and agree to hold GSVH harmless, in the absence of negligence, in the event of untoward anesthetic complications that might have been detected had these tests been performed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Authorized Agent Date Witness