

Lovell Animal Hospital Surgical Check-In Sheet

Client: _____

Patient: _____

Address: _____

Species: Feline

Home Phone: _____

Breed: _____

Work Phone: _____

Color: _____

Sex: _____

DOB: _____

Age: _____

Dr. Sherri Mellskog, DVM

Date: _____

Reminders: _____

Due Date: _____

Today's Weight: _____ lbs.

Previous Weight: _____

Cage #: _____ Check-in Tech: _____

Major Problems: _____

Procedure: _____

Temp: _____ Pulse: _____ Resp: _____

Antibiotic inj: _____ Antibiotics dispensed _____

Analgesic Inj: _____ Analgesics dispensed _____

Blood profile: _____ Histopathology _____ Hydromorphone _____

Pre-anesthetic exam was performed

by _____ at _____ o'clock

(initial) LAH. is authorized to treat at Doctor's discretion. Treatment may require light
sedation, radiographs, general anesthesia, suturing, and/or additional surgical procedures.
(Additional Surgical/Anesthesia release needed.)

OR

(initial) Please call with estimate before treatments

Date _____ Contact # _____

Authorized owner/Agent Signature

Method of Payment: _____ Cash _____ Check (after 5th visit) _____ Debit Card _____ Credit Card

Surgery Release Form

Client: _____

Patient: _____

Species: _____

Emergency Phone # _____

Breed: _____

Sex: _____

I am the owner or agent for the above described pet and have authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s): _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

If a dental is performed, extractions are only done, if a tooth can not be salvaged otherwise.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the inherent risks involved with anesthesia. I realize that results can not be guaranteed.

I understand that in order to provide the safest anesthesia to Spot, a pre-anesthetic health profile should be performed PRIOR to surgery under anesthesia. If I should utilize these safeguards, I realize that it will increase my bill accordingly as seen below: _____ (please initial).

A Blood profile will be used at the veterinarians discretion at an additional charge to ensure the safest environment for your pet while under anesthesia; however, these may also be requested on a per case basis by the owner or agent. In addition, pain medication will be prescribed by the veterinarian to manage your pet's condition at home

_____ 1. I give my permission for a Pre-Anesthetic Blood Profile.(Required for pets 8 years of age and older) \$49.00

_____ 2. I decline the Pre Anesthetic Blood Profile.

-----3. I would like the Res Q Microchip Insertion. \$45.00

_____ 4. I decline the Res Q Microchip Insertion.

_____ 5. Puppy or Kitten, I give my permission to remove any retained baby teeth @ a charge of \$11.00 per tooth.

_____ 6. I decline to remove any retained baby teeth.

_____ 7. If the doctor deems it necessary, I give my permission for IV fluids to be administered. \$34.00

_____ 8. I would like an injection of pain medication for my pet post-surgery.

_____ 9. I would like pain meds to go home for my pet after surgery.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Witness

Date

