



## **SURGERY DROP-OFF FORM**

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Phone Number: (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

My pet is scheduled for the following procedure(s): \_\_\_\_\_

My pet's last meal was at \_\_\_\_\_ (time and date)

Medications given today include: \_\_\_\_\_ (include medication, dose, and time)

**Please read and initial each paragraph acknowledging that you understand:**

Our greatest concern is the well-being of your pet. Whenever an animal undergoes general anesthesia, there is risk involved. A physical examination will be performed before administering anesthesia. If acceptable blood work analysis has not already been completed, we will do so before putting your pet under anesthesia. If any significant abnormalities are detected via examination or blood work, the surgeon will contact you and discuss further diagnostics and/or recommendations. \_\_\_\_\_ (INITIAL)

All animals admitted must be current on vaccines and free from all parasites. If a pet is not current on vaccines or arrives with parasites, vaccines and/or a parasitic will be applied at the owner's expense. \_\_\_\_\_ (INITIAL)

In the event that your pet should experience Cardiopulmonary Arrest, please initial if you would like for South Kendall Animal Hospital to perform CPR. \_\_\_\_\_ (INITIAL)

**Dentistry:** \*\*Occasionally during a dental procedure, severely diseased teeth require extraction. We will only extract diseased teeth when we feel it is the best way to ensure your pet's health (preventing pain and infection). The cost per extraction ranges from \$29.95-\$121.90 depending on the size and position of the tooth. Please indicate below:

\_\_\_\_ **I authorize South Kendall Animal Hospital to perform whatever extractions that may be required.**

\_\_\_\_ **I wish to be contacted prior to any extractions at the following phone#:** \_\_\_\_\_

**Elective Procedures**

<b>CO2 Laser Surgery</b>	____ <b>Accept</b>	____ <b>Decline</b>	\$26.55-\$79.56 (may decrease pain, swelling, and bleeding).
<b>K-Laser Therapy</b>	____ <b>Accept</b>	____ <b>Decline</b>	\$12-\$20

I am the owner/agent for described animal and I authorize and request the services listed on this form and discussed above. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. Thereby, I consent to and authorize the performance of such procedures as are deemed necessary by the doctors and staff of South Kendall Animal Hospital. I understand the nature of the procedure(s) and the risks involved. I realize results cannot be guaranteed and I assume full financial responsibility for all charges incurred.

I understand that it is very important that I am able to be reached at any time today. Failure to respond within 15 minutes of our initial phone call may result in termination of a procedure.

**Signature of Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Admitting:** \_\_\_\_\_

