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## Surgery Admittance Form

Dear Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, we have put together this admittance form to make surgery day as easy and stress-free as possible.

Please read carefully all the enclosed information. If you have any questions, please feel free to call us. On your pets' surgery day, we require you to review and sign this **Admittance Form** which allows you to choose optional services. An estimate for surgical procedure will be provided the day of surgery are check in and will also require a signature.

The night before your pet's surgery...

- Withhold all food and treats after 9:00pm.
- Water may be left down after this time period.
- If you are currently administering any medications, vitamins and/or injections, withhold **the morning doses unless otherwise instructed by the doctor.**

The day of surgery **please allow 10-15 minutes for the check in process.** Check in is at 8 AM unless otherwise directed. Please make arrangements for your pet to be dropped off on the morning of scheduled surgery, unless other arrangements have been made in advance. For example, new clients are required to have a pre-surgical visit prior to the morning of the procedure. At time of drop off, our team will be happy to answer any questions/concerns and collect the enclosed/completed.

**We require a phone number(s) where you can be reached surgery day.** Please plan to be available until your pet is in recovery. **Failure to be reached on the day of the procedure may result in postponement of the surgery.**

If any questions arise, the doctor may contact you at the number on the Admittance Form. You are welcome to check up on your pet's status, however, we request that you allow plenty of time for your pet's procedure to be done. At this time, we will be able to give you an idea when your pet may be discharged. When you arrive to take your pet home, the receptionist will bill you out and the veterinary nurse will go over all discharge orders verbally and give you a written copy. If you do not understand any instructions, please do not hesitate to ask them to go over them one more time.

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure.

**We look forward to serving you and your pet on the upcoming surgery day and years to come.**

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Cat or Dog; \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Primary Contact Phone:** \_\_\_\_\_

**Emergency Phone Number(s):** \_\_\_\_\_

**Today's Procedure:** \_\_\_\_\_

Additional services to receive while here:

- |                                       |   |  |                                 |
|---------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Heartworm test | <input type="checkbox"/> FeLV/FIV test       | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Microchip    | <input type="checkbox"/> Fecal          | <input type="checkbox"/> Prescription refill |                                 |
| <input type="checkbox"/> Nail trim    | <input type="checkbox"/> Anal glands    | <input type="checkbox"/> Flea Preventative   |                                 |

My pet ate last: \_\_\_\_\_

My pet is currently on these medications (please indicate last dose given):  
\_\_\_\_\_  
\_\_\_\_\_

Date of last application of flea product \_\_\_\_\_. Uptown Animal Hospital is a flea free environment. If your pet is found to have fleas they will be treated immediately at your expense. \_\_\_\_\_ Initials

**Pre-Anesthetic Blood Screening:** As part of our commitment to quality care, we will perform a physical exam prior to anesthesia. For your pet's safety, we may require pre-op blood screen to detect pre-existing medical problems that may not be evident on physical exam and to assist us in selecting the most appropriate anesthesia for your pet.

**General Anesthesia:** Like any medical procedure, anesthesia does have risks. These risks can run from minor problems, such as mild vomiting after recovery from anesthesia, to life-threatening problems such as cardiac arrest or stroke. Anesthesia-related deaths are rare, though, and while complications can occur, our veterinary team will take all of the necessary precautions to ensure that your pet is safe and can handle anesthesia.

**Consent / Release:**

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Uptown Animal Hospital full and complete authority to perform the surgical procedure described as above and to perform any other procedure that, at the veterinarian's discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release Uptown Animal Hospital, the doctors, staff, or representatives from any and all liability arising from said surgery on said animal.

**In the event of an unforeseen emergency** we will attempt to reach you or your agent without delay. Please know that we take every precaution to ensure that your pet is safe and also healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preferences if no one can be reached.

In the event of an emergency, please indicate your preference below:

- Full CPR: Please proceed with all life-saving measures.
- Basic CPR: Non-invasive life-saving measures only.
- DNR: Do not resuscitate my pet in the event of cardiac and/or respiratory arrest.

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater complexity than anticipated, the price may be higher. I also understand I am responsible for any additional charges incurred during an emergency procedure. **Payment is expected at the time of service.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_