



Good Shepherd



Veterinary Services P.C.
250 South SR 135 • Bargersville, IN 46106
Office (317)422-8448 • FAX (317)422-8787

Surgery Admission-Hospital Admission Form

Date: _____
Client: _____
Phone: _____
Pet: _____
Reason for visit today: _____

Breed: _____
Color: _____
Sex: _____ Weight: _____
Birthday: _____ Age: _____

Pet History

When and where your pet's last vaccines given?

Date: _____ Clinic: _____

Yes No **UPDATE VACCINES TODAY?**

Did you bring your pet's Medical Records today?

No Yes

If no, is there a clinic that we can contact for your pet's Medical Records?

No Yes: _____

Is your pet on heartworm preventive?

No Yes

Did your pet eat this morning?

No Yes

Did your pet experience any coughing, sneezing, or diarrhea this morning?

No Yes

Does your pet have any known allergies? If yes, please list allergies.

No Yes: _____

Has your pet had any illness or injury in the past 30 days? If yes, please describe.

No Yes: _____

Is your pet on any medication? If yes, please list medications.

No Yes: _____

Has your pet ever had a seizure?

No Yes

OWNER RELEASE

I understand Good Shepherd Veterinary Services P.C. cannot guarantee the health of my pet. I understand that anesthesia and surgery always involve some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications including death, internal bleeding, shock, incision dehiscence, and post-surgical infections.): and agree to hold Good Shepherd Veterinary Services harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification in the event my pet should bite any person or other pet while on the clinic premise. Good Shepherd Veterinary Services is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions followed. I agree to pay for services rendered. **I have read the foregoing, understand what it says, and agree**

Signature of Owner

Date

Emergency Phone Number(s) _____



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Pre-Anesthetic Blood Testing

Please choose *one* of the three options below.

Pre-Anesthetic Blood Profile (\$60.00): Allows Dr. Couch to evaluate your pet's liver (ALP, ALT), kidneys (BUN, CRE), blood glucose, hydration status, and gives indication if your pet has an infection anemia (CBC) to make sure that surgery and anesthesia are safe for your pet.

Pre-Anesthetic Blood Profiles are recommended for all patient under the age of 6 years and do not have other pre-existing conditions.

Comprehensive Pre-Anesthetic Blood Profile (\$90.00): Allows Dr. Couch to evaluate your pet's liver (ALB, ALP, ALT, TBIL), kidneys (BUN, CRE, PHOS), electrolytes (Calcium, Sodium, Potassium, Phosphorous), blood glucose, proteins (TP, GLOB, ALB, AMY), gives indication whether your pet has an infection or anemia (CBC), and shows hydration status to make sure that surgery and anesthesia are safe for your pet. *Comprehensive Blood Profiles are strongly recommended for all patients over the age 6 years or that have other pre-existing conditions.*

I decline the recommended pre-anesthetic tests at this time and request you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone, and *I understand that declining the pre-anesthetic testing could increase the risk of complications during anesthesia.*

The following are optional, but recommended, procedures. Please check the boxes next to the procedures you want done.

IV Fluids and IV Catheter (\$32.50): Allows us to administer fluids during surgery to help maintain hydration and blood pressure. It also helps us to administer emergency medications if complications occur during the procedure. *IV fluids are strongly recommended for all patients.*

Post-Operative Pain Medications (\$10.00 to \$30.00): Help to keep your pet comfortable for 72 hours after surgery and can help prevent them from chewing on their incision and speed their recovery. *Post-Operative Pain Medications are recommended for most procedures.*

The following are optional procedures to be performed while your pet is under anesthesia. Please check the box(es) next to any of the procedures you would like done.

Extract Retained Baby Teeth (\$15.00 per tooth)

Quicked Nail Trim (\$45.00)

Microchip Identification Implant (\$40.00)

Flea Control (Ask for pricing details)

Ear Cleaning (\$30.00)

Express Anal Glands (\$17.50)

Repair Umbilical Hernia (\$50.00-\$75.00)

Check Specific Problem: _____
(Examination \$45.00)

Routine Nail Trim (\$10.00)

Remove Warts/Skin Growths: _____
(Ask for pricing during Pre-Surgical Exam)

Signature of Owner

Date

*Please note that if your pet is hospitalized for an illness, IV fluids and blood testing may be required.