



Acres Animal Hospital Surgery/Anesthesia Admission Form

Scheduled Procedure: Scheduled Date of Procedure:
Patient Name: Pet Owner's Name:

Please list any medications, drugs, supplements, herbal remedies, vitamins, minerals, etc. that your pet is currently taking:

Please list any allergies your pet may have:

When was your pet last vaccinated? Please list vaccine history:

Has your pet had any medical problems recently? Please list:

For patients scheduled for a spay surgery: Has your pet ever been in heat? If yes, when was last heat?

Does your pet have pet insurance? What company?

Your pet will be given several sedative and anesthetic drugs during the course of the surgery.

Has your pet ever had any sedative or anesthetic drugs before?

Has your pet ever had any problems with sedative or anesthetic drugs before?

If yes, do you know which drugs?

Has your pet every had problems with any other medications or drugs before? Please list:

Your pet is scheduled for an anesthetic procedure. Pre-anesthetic bloodtests can help identify hidden medical conditions that may contribute to increased anesthetic risk. Presurgical bloodwork is optional for most surgeries (not dentistry), but is strongly recommended. Please select one of the following options:

Basic: Chem10 + Lyte4 blood chemistry panel + CBC (complete blood count) tests for young and healthy patients.

Full: Chem17 + Lyte4 panel + CBC (complete blood count) tests for seniors or patients with existing medical conditions.

I decline presurgical blood testing.

Please list any additional procedures (other than the schedule surgery) that you would like done.

Nail trim

Ear cleaning

Anal gland expression

Microchipping

Other:

Please provide us with any phone numbers where you can be reached during the scheduled procedure.

I, the undersigned, consent that the services listed above be performed by the staff at Acres Animal Hospital. I understand that some risks always exist with anesthesia and surgery, including a risk of death. Should unexpected lifesaving emergency care be required, Acres staff has my permission to provide this treatment for my pet. I agree to pay for these treatments at the time of discharge from the hospital.

Owner or Authorized Agent (must be at least 18 years old):

Name:

Date:

Signature of Owner or Authorized Agent