



20930 Victory Blvd
Woodland Hills, CA 91367
818 710-8528
818 710-9312 FAX

Surgery Admitting Form

Owner _____ Pet's name _____

Phone that we can reach you at _____ Other/ Cell _____

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|------------------------------------------------------------------------------------------------------------------------------|
| Procedure to be performed <input type="checkbox"/> Spay <input type="checkbox"/> Neuter <input type="checkbox"/> Other _____ |
| Special Instructions: _____ |
| Is your pet on any medication? _____ |
| What medications and doses? _____ |
| Has it been given: <input type="checkbox"/> yes <input type="checkbox"/> no |

It is our goal to make all anesthetic and surgical procedures as safe and as comfortable as possible for our patients. We ask that you read carefully and please initial your choices. Please ask the staff if you have any questions.

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| <p>1. <u>Pre-operative Bloodwork- Blood Screening is recommended before all Anesthetic procedures</u> – Before putting your pet under anesthesia, we perform a physical examination. In addition, we <u>will perform</u> pre-operative blood panel to help identify potential health problems that are not detectable with physical examination. This gives the Doctor the ability to make changes in our anesthetic protocol if indicated. The prices are as follows:</p> <p>For dog under 5 years old, or cats under 7 years- <u>a Standard Panel will be run.</u> ****Standard Panel - \$88.00 (standard for pets under 5 years unless otherwise specified) (CBC, Electrolytes, & 6 Chemistries: BUN, Creatinine, ALT, Alk. Phos. Glucose, and Total Protein)</p> <p>For dogs 5 years and older or cats 7 years and older- <u>a Complete Panel will be run.</u> ****Complete Panel- \$110.00 (standard for pets over 5 years unless otherwise specified) (CBC, Electrolytes, & 12 chemistries: BUN, Creatinine, ALT, Alk. Phos. Glucose, Total Protein, Albumin, Amylase, Calcium, Cholesterol, Phosphate, and Total Bilirubin)</p> <p>I have read the above and understand that I will be charged \$88-\$110 for the appropriate bloodwork for my pet. I may choose to decline the bloodwork by initialing below. If recent bloodwork is available, please note below.</p> <p>Initial please <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Bloodwork done within 30 days</p> |
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| <p>2. <u>LASER</u> - We offer a laser option for most surgical procedures. (Spays, Neuters, Mass removals etc...) The benefits of a laser procedure are less bleeding and decreased post-operative discomfort. For spays the cost is an additional \$62.00, the laser is included at no additional charge for neuters. For all other surgical procedures the additional cost ranges from \$82.00 to \$160.00 depending on the type and length of the procedure.</p> <p><input type="checkbox"/> YES, Please use the CO₂ laser. (At additional charge) <input type="checkbox"/> Please let the doctor use their discretion (additional charge if used) <input type="checkbox"/> No laser please.</p> |
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Continued on other side

3.) Pain Control.

We use pain control for all uncomfortable procedures with a variety of medications including injections, oral medication and pain patches both before the procedure and afterwards. We consider ourselves a pain-free hospital and do everything for the comfort of our patients. Medication may be pills, liquid, a patch, or a combination of these. Take home medications cost varies between \$20-\$125 depending on the size of pet and type of medication.

I cannot give my pet pills.
 I cannot give my pet liquid medication
 No Preference

Please initial here if you would like
to DECLINE pain medication _____

4.) Services that may also be done at this time while your pet is anesthetized.

****There may be an additional charge:**

| | |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Teeth Cleaning <i>please fill out Dental Form</i> | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Ear Cleaning (ask) | <input type="checkbox"/> Anal Gland Expression (no charge) |
| <input type="checkbox"/> Nail Trim (no charge) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microchip (\$57 including registration) | <input type="checkbox"/> Fecal (\$69.98) |

5.) All procedures please read carefully, and sign below:

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and I am over eighteen years old. I do authorize the veterinarians at Warner Center Pet Clinic, their agents, employees, and representatives, full and complete authority to perform the medical and/or surgical procedure and associated anesthesia for the procedure stated above. I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have, have been answered to my satisfaction.

While I accept that all procedures will be performed to the best abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for all of the charges for the procedure(s) requested.

I understand that during the performance of medical, surgical to anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost for such additional procedures will not increase the total fees by more than 25% of that provided by the estimate for these procedures.

Should unexpected life-saving emergency care be required, and the hospital staff is unable to reach me, the staff (Does) or (Does not) have permission to provide such treatment and I agree to pay for such services.

Owner or Responsible Agent

Date

Any pet that has fleas when admitted to the hospital will be treated for fleas at the owner's expense (\$12.00 for one treatment of Capstar).