



Timberlake Animal Hospital Surgical Admission Form

Owner's Name: _____ Pet Name _____

Pet Age: _____ Does pet seem healthy? YES NO

Phone Number you can be REACHED TODAY: _____

Alternate Contact (name, relationship, phone number): _____

Do you prefer calls _____ or texts _____? *I consent to receive SMS text messages from Timberlake Animal Hospital. Msg&data rates may apply. Consumer information is not shared with third-parties for marketing purposes.*

Sometimes it is necessary to clarify treatment options with owners after the pet has been admitted to the hospital. This is especially important if something unforeseen is discovered. **WE MUST have a way to contact you.**

There will be an additional charge for a female "in heat" or pregnant, as this requires additional care.

Please circle any other procedure you are requesting today and ask your technician the cost for each:

Microchip Nail Trim Anal Sac Expression Clean Ears

Vaccines

All patients **MUST** be current on Rabies vaccination. Proof of Rabies vaccine is required. If you are unable to provide written proof of current vaccinations, your pet **WILL** receive a Rabies vaccine while they are here (unless doctor determines they are not healthy enough to receive one). We can update any vaccines or tests that will be due in the next three months if you would like.

Please sign here if you require/request updated vaccines _____



Pre-Anesthetic Testing

While anesthesia is very safe, it is not 100% risk-free. The use of pre-anesthetic bloodwork greatly reduces the risk of unknown complications. For dogs and cats, the use of this bloodwork is **REQUIRED** by our hospital to provide the best care for your pet (unless performed in the past 2 months).

Post-Operative Pain Medication

For the comfort of your pet, we require pain management during and after their procedure. This helps relieve pain associated with the procedure and allows for an easier recovery. Often, your pet will be sent home with pain medication. Please administer the pain medication as directed by the doctor.

Fleas

Animals found to have fleas **WILL BE TREATED IMMEDIATELY** during their stay (charges will apply).

Optional Testing/Procedures

Feline Leukemia (FeLV), Feline AIDS (FIV) Viruses, and Heartworm Disease Screen

(Cats Only) These diseases can increase the risk of anesthesia complications. It is recommended your cat be tested for these diseases if no prior testing has ever been performed. Would you like this test performed today?

(Circle One) **YES / NO**

Canine Snap 4Dx Test

(Dogs Only) The Snap 4Dx tests for Heartworms and three common tick transmitted diseases (Lyme, Ehrlichiosis, Anaplasmosis). These infections can make surgery more complicated; therefore, it is recommended to test your dog if he/she has not been tested within the past 12 months. Would you like this test performed today? *(Circle One)* **YES / NO**

IV Catheter Placement/Fluids

Intravenous catheters are recommended in case of a medical emergency to allow quick treatment of your pet. We **REQUIRE** an IV catheter for patients in which we will be using certain anesthetics because of known health concerns (heart murmur, kidney disease, etc) or that are 10 years or older. Would you like a catheter placed for your pet?

(Circle One) **YES / NO**



Pet Resuscitation Requests

While Timberlake Animal Hospital strives to provide the best and most up-to-date medical care, patients often come into the hospital with significant health issues. If while your pet is being treated, they begin to deteriorate or go into cardiac arrest, we will make every effort to contact you. If we are unable to reach you, please initial by one of the following (charges will apply):

_____ I would like the staff to make every effort to treat or resuscitate my pet

_____ I would like treatment performed but decline resuscitation efforts if treatment fails

_____ I decline all CPR and resuscitative efforts

_____ I authorize the doctor to perform euthanasia in my absence if deemed to be the most humane option for my pet.

I understand that full payment is required when I pick up my pet. Accepted forms of payment are cash, credit/debit card, or Care Credit. Checks are not permitted.

While I accept that all procedures will be performed to the best of the abilities of the staff at Timberlake Animal Hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I have read and understand the nature of the above procedures and give my consent to proceed.

Owner/Responsible Party Signature

Date