



Surgical/Dental Admission Form

(Staff Use Only)
Patient ID#: _____
Date of Surgery: _____

Pet Name _____ Weight _____ Owner _____

Procedure/s admitted for _____

Any additional surgery procedures requested? PLEASE LIST: _____

Phone #s we may reach you at today _____

Do you already have an e-collar (must be provided at time of check-in)? Yes No

If not, or if one provided does not fit correctly, one will be fitted prior to surgery for a fee.

Any recent illnesses, traumas, or past bleeding concerns? Yes No

If Yes, please explain _____

Current Medications _____ Last Date/Time Given _____

Please read carefully. Several options have additional fees.

Laser Option

Laser surgery is available at Rainy River Veterinary Hospital. Using the laser reduces post-surgical pain, and speeds healing time. Laser is **required** for all declaws. Please initial the appropriate line below.

Please use the laser for my pet's surgery. **Additional Fee** of \$45.00 - \$105.00

I decline the laser option at this time.

Preanesthetic Testing

We recommend pre-anesthetic blood work as a way of revealing underlying problems that may increase the risk of anesthesia. Please initial the appropriate line below.

Chemical Profile 10 and CBC **Additional Fee** of \$91.20 (value \$114.00)

Chemical Profile 17/CBC/Urinalysis with Ultrasound Guided Cystocentesis (recommend if pet has health concerns or is geriatric) **Additional Fee** of \$214.60 (value \$252.00) doctor may need to call you today w/recommendations for further testing based on pet's lab results.

I decline the recommended testing. I understand that anesthesia always carries potential risks.

Additional Procedures/Extractions

Sometimes it is impossible to give a complete estimate. In an attempt to give your pet the best course of treatment, and to satisfy your expectations, please initial the appropriate line below.

Please perform any procedures/extractions that are needed at this time with **Additional Fee/s**.

Please call if any additional procedures are needed. Do not proceed without my authorization.

Please insert an **ID Microchip** while my pet is under anesthesia. **Additional Fee** of \$67.95 w/lifetime enrollment.

Post-Surgical Pain Relief

Undergoing any surgical procedure does create some level of discomfort or pain for your pet. For your pet's comfort, one injection plus a minimum of 3 days take home pain meds will be given on routine spay and neuter surgeries. Additional pain medications are available. For surgeries deemed painful by surgeon, patients receive a minimum of 3 days take home pain meds.

Cont'd on back



Post-Surgical Pain Relief - cont'd

Please initial your selection on the lines below with the **Additional Fees noted.**

If patient develops post anesthetic nausea, an injection of anti-nausea medication (Cerenia) is highly recommended.

____ Yes, please give anti-nausea injection if needed. **Or** ____ Please call for authorization first.

____ **Laser Therapy** administered in hospital: **1st site \$14.00, each additional site \$9.00**

____ Injectable medication administered in hospital **\$15.00 - \$125.00 Additional Fee/s** vary w/product chosen & patient weight. (2nd Inj.____) (Dr.'s discretion____)

____ Oral medications administered at home. **Additional Fee/s** vary w/product chosen & patient lb.

Owner Release

I, the undersigned owner, or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Rainy River Veterinary Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or 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 regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the 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 pay a deposit of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, check, or care credit at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required, and the hospital staff is unable to reach me, the staff

HAS

DOES NOT HAVE

(check one) my permission to provide such treatment and I agree to pay for such services.

I have read, understood, and agree to this release in its entirety.

Owner/Agent signature _____

Date _____

RRVH Staff Initials _____