



Animal Health Care Center

Cassandra Cruzen, DVM

11055 County Line Road

Madison, AL 35758

(256) 461-8440

SURGERY ADMISSION FORM

Pet's Name: _____ Owner's Last Name: _____

Did your pet eat the morning of surgery? Yes _____ No _____

Is your pet allergic to any drugs? Yes _____ (if yes, what? _____) No _____

Has your pet had any illness or injury in the past 30 days? Yes _____ (if yes, what? _____) No _____

Any history of seizures and/or previous anesthetic problems? Yes _____ (if yes, explain _____) No _____

Current medications? _____

Procedure To Be Performed: (Spay--Female) (Neuter--Male) (Dental) Other: _____

Feline Declaw (circle one): Front Only / Back Only / All 4 Paws

Elective Procedures To Be Done At The Same Time (please check box):

- Routine Toe Nail Trim
- Teeth Cleaning
- Microchip Identification Implant
- Ear Cleaning
- Give Flea Control
- Brush Out / Clip Hair Mats
- Heartworm Test
- Intestinal Parasite Test

Owner Authorization & Release:

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and or operation(s). I also authorize the use of appropriate anesthetics and other medication, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand all anesthesia & surgery involve some potential risks and complications for my pet. I have been advised to the nature of procedures or operations and the risks involved. I realize results cannot be guaranteed. **I have read the foregoing, understand what it says, and agree.**

I understand that the staff of Animal Health Care Center (AHCC) will try their best to contact me at the numbers I have provided today if there is a problem or complication during the surgical procedure. If the staff of (AHCC) is unable to reach me at the numbers I have listed today, I authorize any additional medical procedures and/or medications to be given/performed during surgery which are considered necessary by the veterinarian: _____ (please initial here)

***FOR DENTALS:** If the doctor determines that tooth extraction(s) is necessary, I hereby authorize the performance of this procedure without prior notification (NOTE: teeth will be extracted ONLY if the doctor deems it absolutely necessary): _____ (please initial here)

Signature of owner or person dropping off: _____ **Date:** _____

Phone number at which I can be reached today: _____