



Appalachian Animal Hospital

SURGERY / DROP-OFF ADMISSION FORM

Account #: _____ Pet's Name: _____ Dog Cat Other _____



I authorize Appalachian Animal Hospital and agree to (those items checked) for the above named animal:

Spay / OVH Neuter

Dental Procedure Tooth Extractions (if necessary)

X-Ray (s) Ultrasound

Other: _____

Proof of vaccinations is required. All vaccinations must be up-to-date for us to treat your pet. If your pet is not up-to-date on vaccinations, would you like for us to give vaccinations? (TENNESSEE REQUIRES RABIES):

My pet is up-to-date on vaccinations

CA-Canine Annual FA-Feline Annual

Rabies Rabies

DAPP (L) FVRCP

Kennel Cough Leukemia and/or FIV

PLEASE CHECK BOX AND INITIAL FOR ADDITIONAL SERVICES BELOW:

Yes, I accept _____ **Anesthesia Authorization:** If treatment /procedure requires the use of anesthesia, I authorize Appalachian Animal Hospital to administer anesthesia. NOTE: Additional charges apply. For the safety of your pet, we are now placing intravenous catheters on our surgical patients (except Feline Neuters, Feline Neuter & Declaw, Declaws only). This will require a small area to be shaved on your pet's leg.

No, I decline _____

Is your pet taking any medications other than those prescribed by Appalachian Animal Hospital? If so, please list, including non-prescriptions/supplements. _____

Yes, I accept _____ **Pre-Anesthesia Bloodwork:** For the safety of your pet, we require blood-work before anesthesia is administered to animals 6 years of age or older. If your pet has had the proper bloodwork run within the past month-we should not need to do bloodwork. (If not done at AAH, we will need to obtain results from veterinarian.)

No, I decline _____ We have a fully-equipped in-house lab to perform blood testing prior to anesthesia. A complete blood count, liver and kidney function test will be run. This is to ensure that anesthesia will be as safe as possible and no underlying problems will interfere with your pet's speedy recovery. NOTE: Additional charges apply.

Yes, I accept _____ We recommend histopathology on all tumors removed to tell us what type of tumor and what additional treatments may need to be performed. The tumor is sent to an outside lab and results are usually available in 7-10 days. NOTE: Additional charges apply.

No, I decline _____

Yes, Microchip _____ We now offer AVID Microchips and Tattooing in case your pet gets lost. While your pet is here today, would you like for us to Microchip or Tattoo your pet? If you want more information on this service, please ask us! NOTE: Additional charges apply.

Yes, Tattoo _____

No thank you. _____

Yes, I accept _____ Go ahead and begin required treatment(s) for your pet following exam?

No, give estimate _____ We will call you with the findings of the exam and an estimate of cost prior to treating your pet.

Where can we reach you today?

Home: _____

Work: _____

Cell Phone: _____

We can now text you when your pet is out of surgery:

Yes, text me -- enter your cell phone number

No, do not text me

In the event of an unforeseen emergency, I give my permission for any further medical treatment deemed necessary. I will not hold Appalachian Animal Hospital or its staff responsible for any complications that may occur. I understand that additional charges will apply for additional services selected above. **I understand that payment is due in full at the time of service. Payment may be made by cash, personal check, Care Credit, Visa, Mastercard or Discover credit cards.**

Signature of Owner: _____ Date: _____