

# ANIMAL ADMISSION FORM

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

PET'S NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_

## DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US

CELL \_\_\_\_\_ OTHER \_\_\_\_\_

WOULD YOU LIKE AN UPDATE TEXT MESSAGE POST SURGERY?  YES  NO

ANY ONGOING MEDICAL CONDITIONS/MEDICATIONS?

---

WHEN WAS YOUR PET LAST FED?? \_\_\_\_\_

ARE YOUR PET'S VACCINATIONS CURRENT?  YES  NO

If no, the Westlock Veterinary Center does not assume responsibility should your pet come into contact with contagious diseases while hospitalized.

## CONSENT FOR ADMISSION, TREATMENT, ANESTHESIA AND SURGERY

I, \_\_\_\_\_, am responsible for the above described animal(s) and have the authority to grant you my consent to receive, prescribe for, treat and/or operate on the above animal(s).

I consent to my animal(s) receiving treatment from the Westlock Veterinary Center. I feel fully informed about the treatment my animal(s) is about to receive and the risks that accompany the treatment. I understand that the results cannot be guaranteed.

I also understand that my animal(s) may require to be sedated and/or anesthetized during the treatment. I understand that all sedatives, anesthesia, and surgery are procedures which contain inherent risk. I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before procedures are initiated.

I assume all risk in connection with treatment, hospitalization, sedation or anesthesia that my animal(s) will receive.

I understand there is no overnight monitoring of hospitalized patients and that if requested my animal(s) may be taken home or transferred to a 24 hour care center at my expense.

## PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

**ACCEPTED METHODS OF PAYMENT: DEBIT, VISA, MASTERCARD, CASH. WE DO NOT ACCEPT CHEQUES.**

I, the undersigned owner or authorized agent of the above admitted patient, have read and understood this authorization and consent form. I agree to assume full financial responsibility for the balance of all services rendered at the time my pet is discharged.

If the animal is not picked up within 72 hours of expected discharge date, I acknowledge that the Westlock Veterinary Center has the right to re-home or humanely euthanize this animal(s).

Date \_\_\_\_\_ Owner/Guardian Signature \_\_\_\_\_



10004-94 A Ave. Westlock, AB T7P 2M9  
PHONE: 780-349-3663 FAX: 780-349-4323 EMAIL: reception@westlockvet.com

**ANIMAL ADMISSION FORM - CONTINUED**

**PRE-SURGICAL CONSENT**

**PLEASE NOTE: TAXES ARE NOT INCLUDED IN COSTS LISTED BELOW.**

I understand the cost of the procedure(s) and that all charges must be paid upon the release of my animal(s) from the hospital. My animal(s) is here for: **Please initial one of the following**

<b>CANINE NEUTER</b> <b>&lt;15kg</b> \$225 _____ <b>15-35kg</b> \$235 _____ <b>36+kg</b> \$255 _____	<b>FELINE NEUTER</b> \$115 _____ <b>FELINE SPAY</b> \$215 _____  <i>If your animal is in heat, obese or pregnant, additional cost may apply:</i> <b>CANINE \$50 FELINE \$30</b>	<b>OTHER PROCEDURES</b> _____ _____ _____ _____ <b>ESTIMATED COST:</b>
---	---	---

Your pet is here to either be sedated, go under anesthesia and/or have surgery. Before putting your pet under anesthesia we will perform a full physical examination. Blood screening is recommended before general anesthesia. The anesthetic agents are removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at 100%. A Complete Blood Count and a Chemistry Panel are advised to be performed in order to maximize your pet's safety and alert the doctor of any issues before procedures begin.

\_\_\_\_\_ I **ACCEPT** the Pre-Anesthetic Lab Work (**Cost \$75.00**)

\_\_\_\_\_ I **DECLINE** the Pre-Anesthetic Lab Work

**NOTE: IF OTHER ABNORMALITIES ARE DETECTED ON PHYSICAL EXAM, MORE TESTS MAY BE REQUIRED.**

Due to the anesthetic drugs used and/or the nature of the surgical procedure being performed, your pet may experience a decrease in blood pressure during surgery. Intravenous fluid administration will help maintain a normal blood pressure, replace fluids that may be lost through the procedure, as well as give us easy access to a vein in the event that emergency intervention is needed.

**Please initial one of the following:**

\_\_\_\_\_ I **ACCEPT** Intravenous Fluid Administration (**Cost \$40.00**)

\_\_\_\_\_ I **DECLINE** Intravenous Fluid Administration

We offer two methods of permanent identification:

**Please initial one of the following:**

Tattoo (**Complimentary**) \_\_\_\_\_ I **ACCEPT** \_\_\_\_\_ I **DECLINE**

Microchip (**\$50.00**) \_\_\_\_\_ I **ACCEPT** \_\_\_\_\_ I **DECLINE**

