

Client #: _____

Surgery Admission Form



LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Email: _____ CELL PHONE: _____ TEXT REMINDERS: _____

PET NAME: _____ DOG: _____ CAT: _____ MALE: _____ FEMALE: _____

AGE/DOB: _____ BREED: _____ COLOR: _____

SURGERY AUTHORIZATION AND RELEASE: Read and Sign

I, acting as owner or agent of the pet named above, authorize Spay & Neuter Center of Southern Nevada to perform the requested services. **PLEASE INITIAL EACH LINE:**

- _____ My pet is in good health to the best of my knowledge and has had no food since 12:00 midnight the evening prior to surgery.
- _____ I understand that there are inherent risks with anesthesia and surgery. Some factors significantly increase surgical risk. These include, but are not limited to, pregnancy, heat cycle, obesity and feline leukemia/immunodeficiency virus.
- _____ I understand that if my pet is pregnant, the pregnancy will be terminated as a result of the surgical procedure.
- _____ I understand that my pet will NOT receive pre-operative blood work and have waived the option to have this service performed prior to surgery at a full-service hospital.
- _____ My pet must be picked up by **6:00 PM** or additional charges may apply.
- _____ **I have received a copy of the aftercare instructions.**
- _____ I hereby release the Spay & Neuter Center of Southern Nevada and staff from all claims arising out of or connected with surgery or vaccination due to unforeseeable circumstances. I understand additional charges may be incurred due to unforeseeable complications and/or conditions.

SIGNATURE: _____ **DATE:** _____

PE: CV ___ RESP ___ EENT ___ MM ___ CRT ___ T ___ HR ___ RR ___ MS ___ CNS ___ ABD ___ INT ___ UG ___

Acepromazine 1 mg/ml _____ ml SQ Hydromorphone 2mg/ml _____ ml IM
 Ace 1 mg/ml/**Hydro 2mg/ml** _____ ml SQ 50:50 mix **ETT** _____
 Morphine 15 mg/ml _____ ml IM **IV Cath** _____ **IV Fluids** _____ ml
 Ketamine 100mg/ml/Midazolam 5mg/ml _____ ml IV 50:50 mix (ind)
 Telezol 100 mg/ml _____ ml IV/IM (ind) Iso.Maint/Pulseox/Resp X
 Buprenorphine 0.5 mg/ml _____ ml IV/IM Ind: _____
 Ace 10 mg _____ # _____ Ace 25 mg _____ # _____ Ext: _____
 Tramadol 50 mg _____ # _____ Post Op: _____

TIME	0	5	10	15	20	25
TEMP						
PULSE						
RESP.						
INITIALS						

D/C By: _____

Temp: _____ F

Time: _____

Status: _____

iNote:

RTG: _____ ETA: _____

CODE	PROCEDURE	CHARGES
	___ SPAY ___ NEUTER	
	___ RABIES	
	___ DA2PPV	
	___ Bordetella	
	___ FVRCP	
	___ FeLV vacc.	
	___ Microchip	
	___ Nail Trim	
	___ Anal Glands	
	___ E-Collar	
	___ Sedation	
	___ Hernia	
	___ Pregnant	
	___ In-Heat/Obese	
	___ Cryptorchid	
	___ Feline Declaw	
	___ K9 Dewclaw X	

	Subtotal	
	Paid	
	Balance	