

Tolland Veterinary Hospital

Pet Admission Form

Owner's name: _____

Pet's name: _____

Please list two phone numbers where you may be reached **AT ANY TIME** in case of emergency. If you cannot be reached, please provide the name and number of someone who is authorized to make decisions regarding your pet.

Primary: _____

Secondary: _____

I am the owner or agent for the above pet and have authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

Growth Removal

Please confirm the following:

<input type="checkbox"/>	Check this box if the masses are clearly visible. If not, please mark them or point out to the nurse upon drop off.
<input type="checkbox"/>	Check this box if you want the mass biopsied (to determine the type of growth and to assure clear margins).

Dental

Please confirm the following:

<input type="checkbox"/>	Tooth/teeth with significant damage or decay will be removed as deemed necessary by the doctor.
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Spay or Neuter

Please confirm the following:

<input type="checkbox"/>	For female dog: The last cycle was more than 6 weeks ago.
<input type="checkbox"/>	If baby teeth are still present, the doctor will remove them as deemed necessary.
<input type="checkbox"/>	Would you like a microchip implanted? This will assist in locating your pet if he/she is ever lost. There is an additional charge.
<input type="checkbox"/>	Would you like Pre-anesthetic blood work done (mandatory for pets 7 years or older)? This will help us detecting systemic abnormalities and keep your pet safe under general anesthesia. There is an additional charge.
<input type="checkbox"/>	We will trim your pet's nails while under general anesthesia.
<input type="checkbox"/>	If your pet is pregnant, would you like us to continue spay her? Yes _____ No _____

Other Surgeries/Procedures

This should be checked by the front desk

<input type="checkbox"/>	Surgery (specify)	<input type="checkbox"/>	Administer medications (PO/IM/SQ/IV)
<input type="checkbox"/>	Laboratory testing	<input type="checkbox"/>	Radiographs or Ultrasound
<input type="checkbox"/>	Pre-anesthetic blood test (Mandatory for every pet 7 years and older)	<input type="checkbox"/>	Flea/Tick Treatment
<input type="checkbox"/>	Sedation or General Anesthesia	<input type="checkbox"/>	HW test
<input type="checkbox"/>	Hospitalization	<input type="checkbox"/>	FIV/FELV test
<input type="checkbox"/>	Intravenous therapy	<input type="checkbox"/>	Others (specify)

If additional procedure(s) are necessary, we will attempt to reach you; however, if we are unable to do so, such procedure(s) will be performed at the veterinarian's discretion. I hereby consent to and authorize the performance of such procedure(s) or operation(s) as deemed necessary in the judgment of the attending veterinarian.

I will be available at the number above to discuss my pet's condition and required services. I understand that being unavailable may result delay in diagnostics, treatment, or surgery for my pet.

If your pet appears stressed or anxious, we may provide a mild **anxiety medication** to make his/her staying more pleasant.

**** Please list any medications your pet is currently receiving and indicate which ones were administered:**

As owner or representative of owner, I authorize all of the above for my pet.

Signature: _____ Print Name: _____ Date: _____

Witness: _____