

St. Louis Veterinary Center
SURGERY ADMITTANCE RELEASE FORM

PET OWNER:

Name: _____ Date: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Preferred Method(s) of Contact: Cell

E-mail: _____ Home Work E-mail

PATIENT(S):

Pet's Name	Cat/Dog	Sex	Age	Breed	Color
1					

When is the last time your pet(s) has eaten? _____

Does your pet have any medical concerns/illness/chronic condition?

What medications and/or supplements is your pet currently receiving?

In order to control the spread of fleas and diseases they may carry, **every pet seen with live fleas will be given a \$8 (per pet) flea pill at the pet owners expense.** This is for the protection of all of our patients, clients and staff.

I understand and accept this mandatory treatment in the event that fleas are found on my pet(s) Initial

SURGICAL PROCEDURE(S):

Procedure(s) to be performed: (Spay/Neuter, Declaw, Dentistry, Etc.) _____

In order to offer the best care for your pet, we will attempt to provide, to the best of our ability, either a written or verbal (*via phone call*) estimate of fees for your pet's treatment plan prior to performing any testing or treatment. However, in the event that we are unable to contact you, do you have a budget that you can pre-authorize so we can proceed with the doctor's recommendations for your pet(s):

Do not proceed with any treatments/procedures exceeding the total bill of \$_____

Do not proceed with anything not specified beforehand without contacting for verbal consent by phone.

I understand and accept the indicated plan and accept the financial responsibilities incurred Initial

AUTHORIZATION FOR ANESTHESIA/SURGERY:

I verify that I am the legal owner or authorized agent of the above pet. I authorize the above procedures to be performed on my pet by the staff of St. Louis Veterinary Center. St. Louis Veterinary Center is to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I further acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. Additionally, this clinic and any associated organization are not responsible for any complications resulting from pre-existing conditions, or improper care of my animal(s) that may have occurred prior to the procedure. In the event complications arise and I cannot be immediately contacted at the above contact information, I authorize St. Louis Veterinary Center staff to provide emergency care based upon the veterinarian's professional judgement of what they deem best for my pet and understand that any additional costs associated are my responsibility. I hereby certify that I have read and fully understand the above authorization.

Signature: _____ Date: _____