



Sunset Animal Hospital

SURGERY & ANESTHESIA CHECK IN

(this form is to accompany a signed estimate)

OWNER'S NAME: _____ PET'S NAME: _____

A PHONE NUMBER WHERE WE CAN REACH YOU TODAY: _____

PROCEDURE: _____

WHEN DID YOUR PET LAST EAT? _____

IF YOUR PET IS ON ANY MEDICATION, PLEASE FILL OUT THE FOLLOWING:

NAME OF MEDICATION	GIVEN HOW OFTEN	LAST TIME RECEIVED
_____	_____	_____
_____	_____	_____

For Female patients: WHEN WAS HER LAST HEAT CYCLE: _____ (NOTE: THE PRICE OF SOME SURGICAL PROCEDURES MAY INCREASE IF A FEMALE IS IN HEAT OR PREGNANT)

FOR C-SECTIONS ONLY: # WEEKS GESTATION _____ SIGNS OF LABOR? YES: ____ NO: ____

For Male patients: I understand that my male pet may still impregnate up to 30 days after neuter procedure was performed. Initial _____

ADDITIONAL SERVICES WITH SURGERY:

MICROCHIP: WE HAVE HomeAgain MICROCHIPS THAT PLACES ANIMALS ON AN INTERNATIONAL REGISTRY. (ADDITIONAL COST: \$30.00)

- YES,** I WOULD LIKE MY PET TO HAVE A MICROCHIP INSERTED
- NO,** I DO NOT WANT MY PET TO HAVE A MICROCHIP INSERTED AT THIS TIME

THE FOLLOWING ARE OTHER SERVICES WE OFFER, SO PLEASE SELECT THE SERVICES YOU WOULD LIKE DONE TODAY (SOME SERVICES MAY ADD COSTS TO THE ORIGINAL ESTIMATE GIVEN).

DOGS: CHECK EARS _____ NAILTRIM _____ DHLPP _____ RABIES _____ BORDETELLA _____
HEARTWORM TEST _____ ANY OTHER TESTS _____

CATS: CHECK EARS _____ NAIL TRIM _____ LEUK VAX _____ RABIES _____ FVRCP _____
FELV/FIV TEST _____ ANY OTHER TESTS _____

I HEREBY AUTHORIZE SUNSET ANIMAL HOSPITAL AND ITS DESIGNATED ASSOCIATE VETERINARIAN TO TREAT, ANESTHETIZE, PRESCRIBE MEDICATION FOR, OR PERFORM SPECIFIED DIAGNOSTIC TESTS OR SURGERY ON MY ANIMAL. I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED AS APPROVED ON MY SIGNED TREATMENT PLAN. I UNDERSTAND THAT ANESTHESIA MAY COME WITH INHERENT RISKS AND THAT COMPLICATIONS AND EVEN CARDIAC ARREST ARE POSSIBLE. I RELEASE SUNSET ANIMAL CLINIC AND ITS EMPLOYEES FROM ANY LIABILITY.

In the event of an Emergency (i.e. Cardiac Arrest) I would like Life Saving procedures to be performed on my pet (e.g. CPR) and take financial responsibility. Please initial one of the following - Yes _____ No _____

CLIENT'S SIGNATURE _____

DATE _____