



# 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 \_\_\_\_\_