

## Surgery Drop-Off

Date _____	Time _____	Admission Tech _____ Receptionist _____
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**Please fill out completely**

Owner's Name _____		Pet's Name _____	
Daytime Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Evening Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Other Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Please describe the procedure. Provide as much detail as you are able.			
Please list any previous medical problems. (i.e. heart disease, respiratory disease, diabetes, tumors, previous surgeries)			
Please list any questions you might have or describe any issues you wish addressed.			
The subject of <b>post-surgical pain</b> in animals has recently become an issue in veterinary medicine. In order to serve the interests of all our clients, we provide post-surgical pain management to all our non-routine surgical patients. This service is provided at an additional charge.			
In the event of an <b>hospital emergency</b> , CPR may need to be initiated. In order for us to provide the best care of our patients, some decisions need to be made immediately. Please indicate your intentions should an arrest situation occur. <u>All efforts will be made to contact you in the event an emergency arises.</u>			
<input type="checkbox"/> <b>YES</b> , I want full resuscitation efforts. All reasonable attempts will be made to preserve life. <input type="checkbox"/> <b>NO</b> , I do not wish any resuscitation efforts.			

The veterinarians at The Falls Road Animal Hospital will address all the problems listed above and help resolve them. Unless otherwise specified by you, we will begin treatment at the time of examination.

For the protection of your pet as well as others, **vaccinations are required to be up to date for all hospitalized patients**. Proof of vaccination must be presented at the time of admission. Should proof of vaccination not be submitted nor vaccination status be verified by another veterinarian, Falls Road Animal Hospital will administer the necessary vaccines at the client's cost. There will be additional charges for spays and neuters for pets weighing over 29 lbs., in heat, or pregnant. In addition, should your pet exhibit any illness, including but not limited to: fleas, worms, ear mites, vomiting, diarrhea, bloody urine, respiratory problems, or severe skin problems, appropriate therapy will be initiated. Treatment, medication, or a special diet may result in a charge. Hopefully, intervention will not be necessary. Early diagnosis and treatment may curtail progressive disease and prevent risk to others.

**We discourage from leaving personal belongings with their pets.** Falls Road Animal Hospital cannot be responsible for items left with your pet.

**Payment is due in full when services are rendered.** There is a monthly 2% interest for all past due accounts. Collection fee of 50% is charged for accounts 90 days past due.

I have read and understand the above. Signature \_\_\_\_\_ Date \_\_\_\_\_