

WALKER VALLEY VETERINARY HOSPITAL
3684 Route 52, Walker Valley, N.Y. 12588
(845) 744-8605 www.walkervalleyvet.com

Surgery Admitting Form

Patient:

Procedure:

Did your pet eat this morning?
YES NO preventative?

Is your dog on heartworm
YES NO

Has your pet had any illness or injury in the past 30 days?
YES NO

Is there any history of seizures and/or previous anesthetic
problems? YES NO

Current Medications?
used?

Last date a flea/tick product

Would you like the Microchip

Identification Implant?

YES NO

The Home Again Microchip system identifies lost or stolen animals. Please ask for more details...A fee of \$75.00 will be added to today's procedure for the cost of implanting and registering the microchip to your pet.

Are there any other procedures that need to be done at this time?

*****For the wellbeing of all our patients and keep our hospital clean, if we find fleas, we will apply treatment at your cost*****

Owner Authorization & Release:

We use the safest veterinary anesthetic and surgical protocols available and all reasonable precautions taken against injury, escape or death of your pet. All anesthetic and surgical procedures do, however, involve some inherent potential

risk for complications (such as previously unknown internal physical abnormalities, medication or anesthetic allergies, surgical complications, and post-surgical infections.) I understand that anesthesia and surgery carry a small degree of risk and agree to hold you harmless (in the absence of negligence) in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event that complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to do as the Doctor deems best for my pet. I agree to pay for services rendered. **I have read the foregoing, understand what it says and agree.**

Signature: _____ **Date:** _____
Phone # where you can be reached today:
