

RYE HARRISON VETERINARY HOSPITAL

SURGICAL/PROCEDURAL ADMISSION FORM

In order to provide your pet with the best possible medical care, please take a few moments to fill out this medical history questionnaire. Your pet cannot speak to us, so please give us your most accurate assessment of his or her condition. Your pet is counting on you.

Client Name:

Address:

City, State & Zip Code:

Number where you can be reached

Patient Name:

Breed:

Birthdate:

Coat Color:

Sex:

Surgery/Procedure to be performed:

NOTE EACH OF THE

Drinking?

Appetite

BM s

Urination

Any other abnormalities?

Vomiting?

If yes, how

Bleeding?

From where?
How Long?

IF ABNORMAL, DESCRIBE

Is your pet on any
medication?
If so, Please list

Last time your pet had food or water?

I understand that during the performance of this procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect the professional staff of Rye Harrison Veterinary Hospital to use reasonable care and judgement in performing such procedure(s). The nature of the procedure(s) and the risks involved have been explained to me and I realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the patient.

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures much safer, with a very low rate of complication. However, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic exams. In an attempt to provide the best care possible and to minimize these problems, all cases are screened prior to anesthesia or general sedation. Laboratory and/or ancillary tests either have already been performed or they will be performed prior to the aforementioned procedure (you will be charged separately for

Signature:

Date: