

Montana Veterinary Hospital
Surgery/Dental/Anesthesia Admission Form

Owner _____ Pet _____

Date _____ Procedure _____

Phone numbers: Day _____ Cell _____ Evening _____

PRE-ANESTHETIC BLOOD TESTING

A pre-surgical exam will be performed before administering any anesthesia to your pet. However, many conditions such as disorders of the liver, kidneys, or blood can only be detected if blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons, we highly recommend pre-anesthetic blood screens.

Basic Blood Screen \$65.00 Checks Organ Function.

Comprehensive Blood Screen \$85.00 Basic + Complete Blood Count/Platelet Disorders

Blood Collection \$14.00

PLEASE INITIAL: Basic Blood Screen _____ Comprehensive Blood Screen _____
 Decline _____

INTRA-SURGICAL URINALYSIS

Provides us with information about the kidneys, bladder, liver, pancreas, and other organs.

The cost is \$25.00

PLEASE INITIAL: Accept _____
 Decline _____

INTRAVENOUS FLUIDS

Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop. The cost is \$65.00

PLEASE INITIAL: **Accept** _____
 Decline _____

PAIN RELIEF MEDICATION

Some procedures may cause perceived pain for your pet. Would you like your pet to receive a pain control injection? The cost is \$28.50 Yes _____ No _____

If pain relief medication is needed to go home with your pet the price range is \$25.00 - \$75.00.

DENTAL PROCEDURES

Permission to extract teeth if needed: YES _____ NO _____ (if no please be available by phone from 9-noon)

Please perform the following procedures on my pet:

	YES	NO
ECG (\$104.00)	_____	_____
Microchip Implantation (\$69.50)	_____	_____
Nail Trim (\$18.00)	_____	_____
Ear Cleaning (\$32.50)	_____	_____
Heartworm Test (\$43.50)	_____	_____
Feline Leukemia/Aids Test (\$65.59)	_____	_____
Fecal Parasite Exam (\$22.50)	_____	_____
Modified Live Parvo Vaccine (\$25.50)	_____	_____

If your pet is spending the night, what type of food would you like fed? _____

I hereby authorize Montana Veterinary Hospital to perform the procedures that I have indicated above.

Signature of Client or Agent _____

