



CHARLESTON  
ANIMAL  
HOSPITAL  
North Charleston, SC

## CHARLESTON ANIMAL HOSPITAL SURGERY/TREATMENT ADMISSION FORM

Date                      Name

Procedure

Contact Phone Number (where we can reach you today)

### **Pre-anesthetic Blood Testing**

Like you, our greatest concern is the wellbeing of your pet. Your doctor will perform a physical examination as well as pre-anesthetic blood work for administering anesthetic. The blood work detects any disorders of the liver, kidneys and other internal organs as well as testing for infection and anemia.

Yes, I want my pet to have preanesthetic blood work, the cost \$45.00

No, I decline blood work for my pet. Please read and initial the following statement:

**Should you elect not to have pre-anesthetic blood work done, please read and initial the following statement:**

The importance of pre-anesthetic blood work for my pet has been explained to me and I understand the risks involved in refusing this treatment, including anesthetic reaction, delayed anesthetic recovery and even death. I take full responsibility for any and all risks involved and hold Charleston Animal Hospital doctors, staff or its agents completely harmless in case of any anesthetic related complications as described above. Initials of owner/agent

### **Intravenous Fluids**

Intravenous fluids given during surgery help maintain normal blood pressure and allow immediate administration of drugs should an emergency situation develop. The cost of IV catheterization placement and IV fluids throughout surgery is \$49.00

Yes, I want my pet to receive IV fluids and cath      No, I do not want my pet to receive IV cath and fluids

### **Pain Management Medications**

Depending on the procedure to be performed, different pain management medications and techniques can be used. Just like us, pain management allows for faster recovery and healing and assists in the post-operative comfort of animals. The cost for pain management ranges from approximately \$25.00-\$45.00

Yes, I want my pet to have pain management      No, I do not want my pet to have pain management

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While your pet is in the hospital, would you like  
any of the following services performed?

	Yes	No
Dental Cleaning	_____	_____
Ear Cleaning	_____	_____
Heartworm Check	_____	_____
Tattoo/Microchip	_____	_____
Fecal Parasite Exam	_____	_____
Nail Trim	_____	_____
Other	_____	_____

**Authorization for Surgery/Treatment**

I hereby authorize Charleston Animal Hospital to perform such diagnostic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the Hospital staff to proceed with lifesaving treatment in case of emergency until communication with me can be established. I further assume financial responsibility for all medical, surgical and emergency services rendered

\_\_\_\_\_  
Owner/Agent

**Hospital Staff Only**

Admitted by \_\_\_\_\_ Vaccines Current \_\_\_\_\_

Estimate Given \_\_\_\_\_ Deposit Taken \_\_\_\_\_

HW/Flea Prevent (type & date last done) \_\_\_\_\_

