

New Baltimore Animal Hospital
CANINE ADMISSION CHECKLIST

Client Name:

Pet Name:

Food: Has your dog had food since midnight? Yes _____ No _____

Medication: Is your dog on any medications, over the counter drugs or herbals? Yes _____ No _____
If yes what was given, how much and when _____

Special Diet: Is your dog on a special diet? If so what?

Personal Items: Please list any items you are leaving from home (blankets, toys, carrier).

Pre-op Blood Profile: We highly recommend this important blood test, it will enable us to rule out many pre-existing internal problems (infection, anemia, kidney/liver function) that may not be evident physically, but could also lead to serious complications. Would you like the blood screen? Yes No

Mini Screen (less than 6 years)

Geriatric Screen (over 6 years)

Annual Recommendations: Is your dog due for any of these vaccinations or tests? Would you like this done now?

Yes (Please if yes please check what is needed.)

No

Rabies

Distemper/Parvo

Heartworm Test

Corona

Kennel Cough

Lyme Vaccine

Lepto

Fecal (stool) test _____ If we find parasites, may we deworm your dog (there will be an additional cost)? Yes _____ No _____

Tattoo or Microchip: for permanent identification.

Tattoo Yes _____ No _____ If tattoo is chosen a social security number must be provided.

Microchip Yes _____ No _____

Heartworm Preventative: Is your dog consistently on one? Monthly Daily None

Anesthesia given to a heartworm positive dog can be fatal. If you have not given the preventative consistently your dog should be tested. Dogs in our area should be on preventative year round.

Pain Medication and/or antibiotics will be given to your pet prior to surgery if indicated. This charge is additional and is based on the weight of your pet. Additional medication will also be sent home if it is needed.

Elizabethan Collar: If your animal begins licking or biting at the surgical site, we will place an E-collar on them to prevent damage to the area.

If your pet is here to be spayed, please answer the following:

Could she be pregnant? Yes No

If we find during surgery that she is pregnant, do you still want her spayed? Yes No

Note: If you choose **not** to spay because she is pregnant, you will be charged for the anesthesia and exploratory surgery, OR if we spay and she is pregnant, there may be an additional charge for the extra time involved.

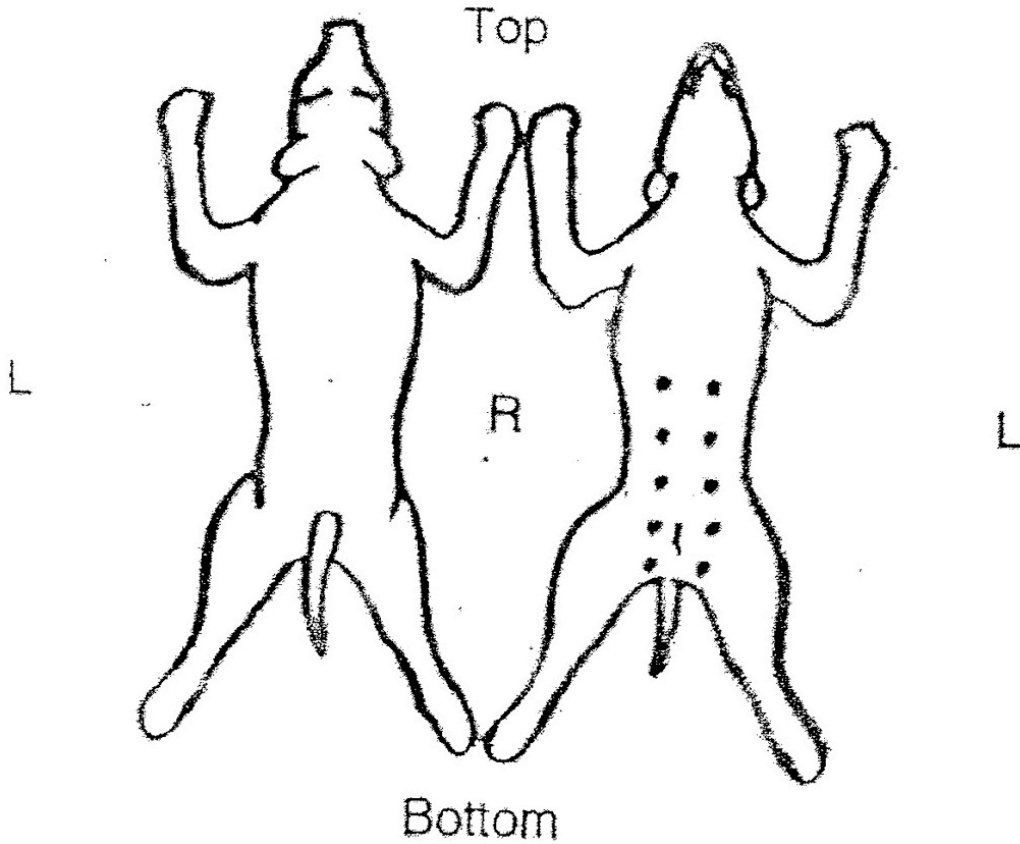
Do you need an estimate or more information on any services offered? Yes No

Are there any other concerns you need to address with the doctor?

I authorize the performance of _____
(procedure, be specific)

on _____
(name of patient)

Please mark the diagram below, to confirm the area for which you are authorizing the above procedure to be performed (not necessary for spay or castration).



I authorize New Baltimore Animal Hospital to perform the above procedure/procedures and I understand that I am responsible for all charges for the procedure/procedures. The nature of the procedure has been explained to me fully and no guarantee has been made as to the results or cure. I understand that there may be a risk involved in these procedures and my questions have been answered to my satisfaction.

Phone numbers: Please list where you can be reached today, after surgery and once your pet is awake, we will try to contact you with a progress report.

Contact Name: _____ Date: _____

Phone: _____ Hour _____

Owner/Owner Agent Signature: _____

Admitting Staff Signature: _____