

Plaistow-Kingston Animal Medical Center, Inc.

Surgery/Treatment Admission Form

PET MUST BE CURRENT ON VACCINATIONS

Date: Owner: Pet:

Procedure:

Phone numbers to contact today: _____

Preanesthetic blood testing

Our greatest concern is the well being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we require limited pre-anesthetic blood screens for pets less than 2yrs. old and more extensive bloodwork for pets over 2 years old. The cost is \$99.00 and 129.00.

PLEASE CIRCLE Yes or No:

If my pet is pregnant I still want her spayed Yes No
(There is an additional cost for this)

Extraction of retained baby teeth, \$15.00/tooth Yes No

While your pet is in the hospital, would you like any of these additional services performed:

Feline Leuk/FIV/Heartworm	\$48.00	Yes	No
Heartworm/Lyme/E. Canis Test	\$43.00	Yes	No
Fecal parasite exam	\$22.00	Yes	No
Microchip Implantation	\$45.00	Yes	No
Vaccinations		Yes	No

Authorization to Perform Surgery and/or treatment

I hereby authorize Plaistow-Kingston Animal Medical Center to perform such diagnostics, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the result or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

Signed by owner or agent. _____

TO BE FILLED OUT BY CLINIC STAFF (Initial Please)

Admitted by: _____ Current on vaccines _____ Estimate Given _____ Deposit Given _____