

Date \_\_\_\_\_  
Initials \_\_\_\_\_

Waynesburg Animal Hospital  
2642 Mount Morris Rd.  
Waynesburg PA, 15370  
724-627-5550

Hospital Admission Form  
Surgical or Medical

Client name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Pet name: \_\_\_\_\_ **Today's Phone #** \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Vaccination Status: UTD or NEEDED

**Procedures to be performed today:**

Exam	Spay	DHLPP	FVRCP	Flea Preventative _____ mos
Teeth Cleaning	Neuter	Bordetella	FELV	Heartworm Prev. _____ mos
X-Rays	Ft Declaw	HWT (4dx)	FELV/FIV testing	
Fluid Therapy	Anal Gland Exp.		Intestinal Parasite exam	
Pedicure	Clean ears	RABIES	Lab work _____	

Other: \_\_\_\_\_

Check List:

Patient has not had food since 8 pm last night: \_\_\_\_\_  
Patient has no history of seizures: \_\_\_\_\_  
Patient has no history of adverse drug reactions: \_\_\_\_\_  
Patient on any medications (List) \_\_\_\_\_  
Patient has not had any recent injuries or problems: \_\_\_\_\_

Pre-Anesthetic blood work in-house: Recommended for all pets.

**CBC:** Indicates immune function, platelet status for blood clotting during surgery, and oxygen carrying capacity. (\$20.00)

Accept \_\_\_\_\_ or Decline \_\_\_\_\_

**Blood Chemistry 6:** Checks kidney and liver function pets < 6 years of age. (\$42.00)

Accept \_\_\_\_\_ or Decline \_\_\_\_\_

**Blood Chemistry 12:** Checks Kidney, liver, pancreatic function and mineral levels. For pets > 6 years of age (\$56.00)

Accept \_\_\_\_\_ or Decline \_\_\_\_\_

**Pain Management:** Recommended for all surgical procedure and some non-surgical problems. All pets are given a pain injection while they are waking up from surgery.

\*I only want my pet to have pain medication while it is here in the hospital. \_\_\_\_\_ (In most routine surgeries this is included in the cost of the procedure)

\*I want my pet to have pain medication at the hospital and at home.

Accept \_\_\_\_\_ or Decline \_\_\_\_\_ (Small additional fee will apply)

**Micro chipping:** Recommended for all pets. (\$35.00 fee for the implant) We off a small chip to be implanted under your pets skin near their shoulder blades. If in the event your pet should become lost or stolen HOME AGAIN will issue amber alert for your pet. This is a permanent identification so he/she can be returned to you. There is a \$14.99 fee that goes directly to HOME AGAIN for your membership.

Accept \_\_\_\_\_ or Decline \_\_\_\_\_

**Teeth Extractions:** If the hospital doctors feel it is in the best interest to have teeth extracted from your pet, (including deciduous teeth) cost is based on the difficulty of the extraction.

I WANT TO BE CALLED FIRST \_\_\_\_\_

I WANT THE EXTRACTIONS TO BE DONE \_\_\_\_\_

I DO NOT WANT THE EXTRACTIONS TO BE PERFORMED AT THIS TIME \_\_\_\_\_

**E-Collar:** This is to prevent your pet from licking its incision, bandage, drain, etc.

I want to take one home \_\_\_\_\_ fitted or \_\_\_\_\_ unfitted.

I Decline to take one home at this time. \_\_\_\_\_

**Biopsy:** If the Doctor feels it is necessary to sent out your pets' tissue for Biopsy. (Tumor Removal)

Accept \_\_\_\_\_ or Decline \_\_\_\_\_

\*\*\* Clients who are having **Female** pets spayed should be aware that if she were pregnant, the puppies or kittens would be aborted during surgery. There is an addition fee for spaying a pregnant animal or an animal that is in heat.

I hereby agree that upon admission of this animal to Waynesburg Animal Hospital, Dr. Behm and the staff are given permission by me to treat, care for and perform anesthesia, and surgery, as they feel necessary. I also agree that they shall not be held responsible for the loss of the patient due to unforeseen anesthetic or surgical complications, or the escape of a hyperactive animal. I accept full responsibility for authorization and payment for services rendered.

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Owner/Agent of pet

Date