

Animal Ark Veterinary Clinic  
3235 N. Kedzie Chicago, IL 60618

Derrick Landini, DVM  
Katy Parr, DVM

Jacob Cohen, DVM  
Lisa Cieply, DVM

## SURGERY RELEASE - HOSPITAL ADMISSION FORM

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

When and where were the last vaccines for your pet given? Date \_\_\_\_\_ Clinic \_\_\_\_\_

Update Today

Is your pet on heartworm preventive?

- Yes  
 No

Has your pet been checked for intestinal parasites in the last 6 months?

- Yes  
 No

Did your pet eat this morning?

- Yes... \_\_\_\_\_  
 No

Did your pet experience any coughing, sneezing, or diarrhea this morning?

- Yes  
 No

Does your pet have any known allergies?

- Yes... \_\_\_\_\_  
 No

Has your pet had any illness or injury in the past 30 days?

- Yes... \_\_\_\_\_  
 No

Is your pet on any medication?

- Yes  
 No

Procedure to be performed today: (Spay) (Neuter) (Declaw) (Growth Removal) (Dental)

Other \_\_\_\_\_

### OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

- |  |  |
|--|--|
| <input type="checkbox"/> Fecal               | <input type="checkbox"/> Microchip                                 |
| <input type="checkbox"/> Heartworm Test      | <input type="checkbox"/> Bath/Brush Out                            |
| <input type="checkbox"/> Nail Trim           | <input type="checkbox"/> Post surgical pain control medication     |
| <input type="checkbox"/> Ear Cleaning        | <input type="checkbox"/> Remove Warts/Skin Growth (Location _____) |
| <input type="checkbox"/> Express Anal Glands | <input type="checkbox"/> Check Specific Problem (_____)            |
| <input type="checkbox"/> Oravet Application  |  |

### Preferred Type Medication To Administer At Home:

- Tablets/Capsules  
 Liquid

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## OWNER RELEASE

I understand Animal Ark Veterinary Clinic cannot guarantee the health of my pet. I understand that anesthesia and surgery always involve some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications including death, internal bleeding, shock, incision dehiscence, and post surgical infections.): and agree to hold Animal Ark Veterinary Clinic harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

**Initials** \_\_\_\_\_

I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premise.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

### **If any problem is observed or develops:**

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

Animal Ark Veterinary Clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

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Signature of Owner

Phone

Date

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## Pre-Anesthetic Testing Consent Form

Owner \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

**Patient** is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet. Like you, our greatest concern is the well being of your pet. Before placing **Patient** under anesthesia, one of our doctors will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of **Patient**.

Because there is always the possibility a physical exam alone will not identify all of **Patient's** health problems, we strongly recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic panel does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

The combination of blood tests we recommend for pets less than 6 years old are as follows:

BUN	Creatine	ALKP
ALT	Glucose	Total Protein
CBC		

Price: \$73.00

The combination of blood tests we recommend for pets 6 years and older are as follows:

BUN	Creatine	ALKP
ALT	Glucose	Total Protein
Albumin	Total Bilirubin	Phosphorus
Amylase	Cholesterol	Calcium
CBC	Electrolytes	

Price \$105.00

- Please complete the recommended testing prior to administering anesthesia to **Patient**.
- I decline the recommended pre-anesthetic tests at this time and request you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone and declining the pre-anesthetic testing may result in a fatal reaction to anesthesia.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date