

**Animal Hospital of Pasco**3012 N Road 92
Pasco, WA 99301(509) 545-9949
www.pascovets.com**Accession for Feline Surgery (General)**Form P-505
Rev. 03/15/2022

This form authorizes our hospital to perform surgery on your cat. Most surgical procedures take one day with the cat being admitted between 8:00 and 9:00 AM and being discharged sometime in the afternoon. (The exact discharge time varies; we will call you at the number(s) you provide on this form when your cat is ready.) Surgery fees and/or estimates typically cover the procedure itself as well as basic pre- and post-op analgesics, but may not include add-ons like pre-anesthetic blood work, use of surgical laser, or take-home pain medication.

Client/Authorized Agent Information

Your first name	Your middle name	Your last name	Suffix (Jr., III, etc.)
Current home address: <i>(include city, state, ZIP; no P.O. boxes please)</i>		Phone number(s) we can reach you at:	Are you the owner of this pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are <u>not</u> the owner, what is the owner's first and last name? _____ If you are <u>not</u> the owner, has the owner completed the form necessary to designate you their authorized agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'No' above, please be aware that you will be personally responsible for payment in full when the patient is discharged.

Patient Information

Patient's name	Date of birth or current age	Sex: <input type="checkbox"/> male/neutered <input type="checkbox"/> male/intact <input type="checkbox"/> female/spayed <input type="checkbox"/> female/intact
Patient's breed/color	Please list medications your pet takes and when the last dose was given, as well as any medical conditions of which we should be aware.	

Surgical procedure(s) to be performed:

PAIN MEDS Take-home pain medication is required for some surgeries and optional (though recommended) for others. Select one of the following (required):

Please dispense butorphanol syrup (painkiller) unless doctor requires otherwise. Typical cost ranges \$11.00-26.00.

Please dispense onsiort tablets (anti-inflammatory pain relief) unless doctor requires otherwise. Typical cost ranges \$16.00-22.00.

Please do not dispense pain medication unless required by doctor. I understand that without drugs to provide relief patients may experience significant pain following surgery.

Optional Add-Ons

For most surgeries the items below are optional. But please be aware that the doctor may find it necessary to override one or more of your selections for the health of the patient.

<input type="checkbox"/> Please perform pre-anesthetic blood work (CBC & Brief Chemistry Panel). Cost: \$66.50	<input type="checkbox"/> I decline pre-anesthetic blood work.
These diagnostics help screen for the presence of conditions or diseases that may complicate anesthesia. They can also help detect conditions and diseases while they are in their early stages, before the patient has begun showing obvious signs. Catching these issues early on can allow for more effective treatment.	
<input type="checkbox"/> Please update my pet's vaccinations as needed (subject to doctor discretion). Cost varies.	<input type="checkbox"/> I decline vaccinations.
<input type="checkbox"/> Please implant an AKC Reunite microchip while my pet is in the hospital. Cost: \$26.00	<input type="checkbox"/> I decline microchip implantation.
The cost shown here does not include optional registration with the microchip's manufacturer. Lifetime registration can be purchased from the manufacturer for approximately \$20. Free third-party registries are also available but do not typically offer 24/7 telephone support for lost and found pets.	

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that payment in full is due upon patient discharge. I certify that I am at least 18 years of age and that I am the owner of, or authorized agent for, the patient described above. In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/surgery/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that a finance charge of 1.5% per month or the highest lawful rate, whichever is lower, will be assessed on any past due balance. If non-emergency surgery is to be performed, I certify that I have not allowed this patient to ingest solid foods or medications within 10 hours prior to admission for surgery unless specifically directed to do so by the attending doctor. I understand that anesthetizing a patient that has recently eaten can lead to serious, life-threatening complications.

Signature of Owner or Authorized Agent_____
Date**IMPORTANT: SIGNATURE MUST BE IN INK AND CANNOT BE TYPED. PLEASE SIGN AND DATE ON THE DAY OF SERVICE.**