



Somerset Veterinary Group, P.A.

Admitting Form

Please complete the entire form.

In hospital flea prevention:

Fleas can transmit diseases with their bites, so for the protection of all our patients if we find live fleas on your pet we will administer 1 (Cap Star) orally to kill the fleas. It would then be necessary for you to treat your pet with a monthly topical flea treatment and your home to prevent them in the future.

Medical History:

1. Did your pet eat this morning? Yes No
If yes, list: _____
2. Are your pet's vaccinations current? Yes No
If no, would you like them to be updated today? Yes No
3. Is your pet taking any medications/supplements? Yes No
If yes, List: _____
When did he/she last get them? _____
4. Has your pet had anesthesia in the past? Yes No
Any problems? _____
5. Is your pet allergic to any medications?
If yes, list: _____
6. Has your pet been coughing, wheezing, sneezing, vomiting or had diarrhea or increased urination recently? Yes No
7. Has your pet experienced any dramatic weight loss/gain in the past 6 months? Yes No

Elective Procedures:

- Clean ears (\$18) Microchip & Registration (\$62.99) Nails done at no charge
- Express anal glands (\$25) Fecal exam for parasites (\$30-\$35)

Dental Extractions:

Diseased and loose teeth will be extracted at the doctor's discretion.

Dental X-Rays:

I understand that x-rays will be taken on the day when the dental specialist is here.

Pre-anesthetic Testing:

Our caring staff wants to ensure your pet's well-being. A veterinarian will perform a comprehensive physical exam prior to sedating your pet. However, many disorders of the kidneys, liver, heart and blood can not be detected without blood tests. Therefore a pre-surgical blood screen will be done prior to anesthesia.

IV Catheter/Fluid Therapy:

At the doctor's discretion, an IV catheter/fluids will be used during anesthesia to help maintain blood pressure, protect major organs, eliminate anesthetic drugs and facilitate administration of emergency treatments if needed. For some patients/procedures, an IV catheter is not optional.

Consent for Procedure(s) and Anesthesia:

The estimate that I received is not a final bill. It is an approximation of expenses during my pet's period of hospitalization. Additional tests, treatments, complications or a prolonged hospital stay could change this figure significantly. It is understood that all fees are to be paid at the time of release.

I hereby authorize Somerset Veterinary Group to perform the procedure(s) and additional diagnostic treatment or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in the procedure(s). I will not hold Somerset Veterinary Group, the doctors or the staff liable for any complications. I certify that I have read and fully understand the above for medical and/or surgical treatment.

Client's Name: _____ Date: _____

Client's Signature: _____ Estimate: _____

Phone Number(s): _____ (that you can be reached at today)