

All Pets Veterinary Hospital Inc.

43112 John Mosby Hwy. Suite 102

Chantilly, VA. 20152

Tel: (703) 327-6666 Fax: (703) 327-4664

ADMITTANCE

Date _____ Pets Name _____ Owners Name _____
Phone where you can be reached today _____ Other _____
Emergency Contact Name _____ Phone _____

WHY IS YOUR PET HERE TODAY? (PLEASE BE SPECIFIC)

HAS YOUR PET:

Had any allergies to medication? _____ Had any seizures in the past? _____ Currently on any medication? _____
IF YOU ANSWERED "yes" TO ANY OF THE ABOVE, PLEASE EXPLAIN _____

YOU MUST FILL OUT THIS SECTION IF YOUR PET IS HERE FOR SURGERY OR SEDATION

BASELINE DIAGNOSTIC TESTS **ARE REQUIRED** BEFORE THE USE OF ANESTHETICS **ON ALL ANIMALS**. THIS IS NECESSARY TO ENSURE THAT BASIC LIVER AND KIDNEY VALUES ARE WITHIN THE NORMAL RANGES. FURTHERMORE, IT CAN HELP US TO CATCH ANY UNDETECTED CONGENITAL PROBLEMS OR ILLNESSES THAT HAVE NOT YET MANIFESTED CLINICAL SIGNS.

For: ROUTINE SURGERY / SEDATION: UNDER 6 YEARS OF AGE AND HEALTHY

Hematocrit, Total Protein, and Urine Specific Gravity \$47.50 **(REQUIRED)** _____
Or Blood Chemistry (6 Functions), Hematocrit, Urine Specific Gravity \$87.49 **(RECOMMENDED)** _____

For: SURGERY / SEDATION: OVER 6 YEARS AND HEALTHY

Blood Chemistry (6 Functions), Hematocrit, Urine Specific Gravity \$87.49 **(REQUIRED)** _____
Or Chemistry/CBC/T4 (complete bloodwork) and Urine Specific Gravity \$147.00 **(RECOMMENDED)** _____

For surgery more than 30 minutes, Supportive IV Fluids \$78.68 **(REQUIRED)** _____

PAYMENT INFORMATION:

I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be **paid at the time of release** and that a deposit (of 50%) **is** required before treatment begins.

AUTHORIZATION FOR MEDICAL/ANESTHESIA/SURGICAL TREATMENT

I have been fully advised of the anticipated procedures; advised of the reasons for them, and of the expected benefits, and the possible risks involved.

I, hereby authorize Dr. S. Masood D.V.M., assigned doctors, and/or the staff he employs, to administer treatment as he/they consider therapeutically and/or diagnostically necessary on my pets. I also consent to the administration of such anesthetics, as are necessary, and surgical procedures of an emergency/non-emergency nature.

I, hereby release Dr. S. Masood D.V.M., assigned doctors, and his staff from all claims, legal or equitable, arising out of the treatment rendered by him, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

Date _____ Name (please print) _____ Signature _____