

## Radiograph Admission Form

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_ Pet's Age \_\_\_\_\_

Telephone Number where I can be reached between 8:00 am – 8:00 pm \_\_\_\_\_

Your pet is being admitted today for radiographs (X-rays). Although most x-rays can be taken without anesthesia, occasionally sedation is needed for proper positioning and less stress to your pet.

**Please answer all of the following questions, including Microchipping and Pre-Anesthetic Testing Consent/ Waiver, so that we can better assist you and your pets needs.**

**YES NO**

I give permission to use anesthesia if the doctor feels it is necessary.

I would like to be contacted before anesthesia is used.

(Please be aware that this may delay the treatment of your pet if we are unable to contact you.)

If your pet is ready for discharge, what time would you be available for pick up:

Before 5:00 pm     Between 5:00 – 6:00 pm     After 6:00 pm     Any time

### Microchipping pet Identification

**YES**    I want to protect my pet by having him/her permanently identified with a Microchip ID. (please see Microchipping handout for details and prices)

**NO**    I do not wish to have a microchip ID for my pet

### Pre- Anesthetic Testing Consent /Waiver

Like you, our greatest concern is the well-being of your pet. Although pre-anesthetic testing does not guarantee that complications will not occur, **we require pre-anesthetic blood testing for all pets 7 years of age and older** and we strongly recommend screening for all pets under 7 years old. If you have any questions about any of these testing panels, please request a detailed description.

**Please select ONE of the options below IF anesthesia is needed:**

PAS (required for all pets over 7 years of age, recommended for all pets under 7 years of age) **Cost: \$51**

CBC/MINI SCREEN (Recommended for all pets over 7 years of age) **Cost: \$78**

CBC/PROFILE (Recommended for pets by Doctor) **Cost: \$103**

**NO** Pre-anesthetic Testing

Testing already preformed prior to admission.

**YES**  **NO** I request that an **EKG** be done on my pet for an additional cost. **Cost: \$36**

### OWNER RELEASE

I have read and understand the foregoing. I understand that all anesthesia and surgery involves some minimal risk to my pet and it is thoroughly understood that I assume all risks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Hospital use only:**

Survey Radiographs of: \_\_\_\_\_

Views            VD    LAT    AP    Other: \_\_\_\_\_

Sedation:        YES    NO    Only if needed

Doctor: \_\_\_\_\_ X-ray #: \_\_\_\_\_