

Mokena Animal Clinic, Ltd.
9455 W. 191st Street
Mokena, IL 60448
(708) 479-2811
www.mokenaanimalclinic.com

SURGERY and HOSPITAL ADMISSION FORM

Anesthesia and Surgical Procedure(s) to be performed _____

- I am the owner or agent for the owner of the above animal.
 I am 18 years or older and authorize the veterinarians at Mokena Animal Clinic to perform the above procedure(s).

ANNUAL VACCINE REQUIREMENTS FOR ADMISSION

Canine DA2PPC _____ HWT _____ Rabies _____
 Feline FVRCP _____ Rabies _____

- I have been advised as to the nature of the procedure(s) and the risks involved.
 I understand that some risk always exists with anesthesia and or surgery and that I am encouraged to discuss any concerns I have about this risks with the attending doctor before the procedure(s).
- I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.
 I realize that death may occur with anesthesia.
- While I accept that all procedures will be performed to the best of the abilities of the staff, I certify that no guarantee or warrant has been made regarding the results that may be achieved.

Pre-Anesthetic Blood Profile is RECOMMENDED - *This will help maximize patient safety. These are similar to those your own physician would run on you.*

_____ YES I want blood work performed
 initial patient UNDER 7-years of age **\$64.00**
 patient 7-years of age and OLDER **\$88.00**
 _____ NO I do not want the blood work performed.
 initial

Biopsy is RECOMMENDED - *Tissue removed from warts, skin tags, cysts or other lumps should be sent to the lab for a biopsy report.*

_____ YES I want a biopsy performed on the removed tissue(s).
 initial **\$155.00- \$318.00-** is determined by size of the mass;
 and number of samples sent out to the lab.
 _____ NO I do not want a biopsy performed on the removed tissue(s).
 initial

HomeAgain® Microchip Identification - *Tranquilization is not necessary for this procedure, but is recommended.*

_____ YES I want my pet microchipped **\$51.99** - This cost includes; (1) HomeAgain Microchip \$34.00
 initial and the first years membership fee of \$17.99.
 _____ NO I do not want my pet microchipped.
 initial

Hip Radiograph - *An x-ray of the hips is taken to get an idea if your pet may have Hip Dysplasia.*

_____ YES I want my pet to receive an x-ray of his/her hips. **\$70.00** - Normally a \$140.00 charge.
 initial
 _____ NO I do not want an x-ray of my pets hips.
 initial

Should unexpected life-saving emergency care be required, we will give treatment and do everything possible to save the life of your pet and we will contact you at your emergency number you have provided us.

- In the event you cannot be reached, Mokena Animal Clinic will continue treatment.
- If any additional costs are incurred for this treatment they will be your responsibility.

I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY OF ALL FEES, AND WILL PROVIDE PAYMENT VIA CASH, DEBIT CARD, CREDIT CARD, OR CHECK IN FULL UPON THE RELEASE OF MY PET FROM THE HOSPITAL.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT.

SIGNATURE: _____ DATE: _____

PHONE NUMBER FOR TODAY: _____

WITNESS: _____