Animal Care Associates, Inc.
"Caring People-Caring for Animals"TM
840 Oakwood Road
Charleston, WV 25314
304-344-2244 ~ www.acawv.com

AAHA ACCREDITED The Standard of Veterinary Excellence

Hospital/Surgical Admission Statement

Owner_____Pet's Name_____ Date: _____

AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT

I hereby authorize and direct the veterinarians of Animal Care Associates, Inc. to perform the indicated procedures and additional diagnostic and/or treatment procedures as deemed advisable and necessary for my pet.

The nature of the procedure(s) has been explained to me and no guarantee has been made to me as to the results or cure. I understand that there may be risk involved in these procedures.

ANESTHETIC RISKS

Although there is no guarantee, appropriate anesthesia is the most important variable in assuring the survival of a patient in any given surgical procedure be it routine spay or a complex orthopedic surgery. To help us choose the appropriate anesthetic agent for your pet, we recommend a Pre-operative work-up to detect problems that otherwise go undetected and pose a danger to the anesthetized patient.

We ask you to allow us to perform one of these Pre-operative test(s) on your pet: ***Please check any applicable boxes below.***

- Pre-Op Panel - Blood test for liver and kidneys ☐ Yes ☐ No
- Pre-Op Panel with CBC - Blood test for liver and kidneys + Complete Blood Count ☐ Yes ☐ No
- Glaucoma Screen - Tonopen used to check eye pressure ☐ Yes ☐ No
- Home Again Microchip – Chip injected under the skin with national registration ☐ Yes ☐ No
- Histopath - Laboratory evaluation of masses and tumors ☐ Yes ☐ No

We recommend pain management for your pet following any surgical procedure: ***Please check one box below.***

- Please send pain management home with my pet ☐ Yes ☐ No
  If you would like an estimated cost of pain management please ask the receptionist

All Services of this hospital must be paid before a pet can be released.

I agree to pay, in full, for services rendered, including those deemed necessary for medical and surgical complications or unforeseen circumstances. I have read the above conditions of this hospital. I consent for the above procedure to be performed and I understand the need for the procedure and the risks involved.

Pets are released only during regular office hours. Any animal/s not claimed on the tenth (10) day from the date that animal is ready to be released or that any bill, charge or fee becomes due and payable, shall be transferred to any humane society or rescue. Humane disposal of any unretrieved animal shall not relieve the owner or agent of any financial obligation incurred for treatment, boarding or care by the veterinarian.

All animals entering the hospital must be free of external parasites (fleas, ticks, etc.) and internal parasites (worms) or they will be treated upon entry at the owner's expense.

PRINTED name of responsible owner or agent: _____

Signature of responsible owner or agent: (Must be over 18 years of age**)** _____

If you are not the owner what is your relationship to the owner? _____

Primary or emergency phone number to be called during pet's stay_____

Home Phone #:_____ Work Phone #:_____ Cell Phone#: _____

Payment will be made by: ☐ Cash ☐ Check ☐ Master Card ☐ Visa ☐ Discover ☐ American Express ☐ Care Credit ☐ SnapPay

Office Use Only:
Type of Surgery or Procedure_____

Histopathology: ☐ Yes ☐ No **Radiology:** ☐ Yes ☐ No **Laboratory:** ☐ Yes ☐ No **Bath:** ☐ Yes ☐ No
Dental Simple Extractions: ☐ Yes ☐ No

Other_____

Please be advised Animal Care Associates, Inc. does NOT provide overnight care or 24-hour services.
Your pet may require transfer to an emergency care facility.