



3935 Avion Park Ct A-102
Chantilly, VA 20151
Phone: (703) 327-8502

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)

Three horizontal lines for text entry.

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 blood work) 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