



Mallard Point Veterinary Clinic
25520 S. Pheasant Lane, Unit A * Channahon, IL 60410
(815) 467-4855 * FAX (815) 467-9874
www.animalcareinfo.com

Surgical Pre-Admission Form

Today's Date:

Patient Name:

Your Name:

Current Address:

E-Mail:

Best Contact Number:

Current Medications your pet is currently taking:

Are there any known allergies?

I hereby authorize Mallard Point Veterinary Clinic to perform these following procedures, operations, and associated anesthesia. I understand that unforeseen conditions may require an extension of planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian.

I am aware of and have been advised as to the nature of the procedures or operations and the risks involved. I realize results cannot be guaranteed. While performance of pre-surgical tests does decrease surgical and anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk. They do not guarantee results or a cure. Blood analysis performed to evaluate major organ functions.

Recommended Services: (Additional Charges Apply)

Pre-Surgical ECG Authorize Decline
(Electrocardiogram - measures the electrical activity of the heart, to better assess heart function)

Blood Pressure Monitoring Authorize Decline
(Blood pressure monitoring throughout surgical procedure to better assess response to anesthesia)

Electives: (Additional Charges Apply)

Microchip Application Authorize Decline
Nail Trim Authorize Decline
Dissolvable Sutures Authorize Decline

For Dental Services: (Additional Charges Apply)

Dental Extractions Authorize Decline

For Mass Removal: (Additional Charges Apply)

Biopsy Authorize Decline

I have read and understand this consent form and give authorization for the above listed procedures. I further understand that if vaccinations were performed at another location, proof must be provided at the time of procedure or vaccinations will need to be updated at this time.

Signature of Owner or Agent

Date

Phone Number