



WISE OWL ANIMAL HOSPITAL

SURGERY ADMISSION FORMS

705 S Marine Corps Dr
Tamuning, Guam 9693
671-646-2273

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO ENSURE WE HAVE ALL NECESSARY INFORMATION FOR YOUR PET'S SURGERY.

CLIENT INFORMATION

Primary Owner _____
Last First

Secondary Owner _____
Last First

Primary Contact # _____

Mobile Number

Landline Number

Secondary Contact # _____

Mobile Number

Landline Number

Primary Email _____

Secondary Email _____

PET CARE INFORMATION

Bring your own food?: YES NO

Type of food:

DRY

CANNED

MIX

HOMEMADE

MEDICATED DRY

MEDICATED CANNED

MEDICATED MIX

Feeding Instructions: SID (ONCE A DAY)
 BID (TWICE A DAY)
 TID (THREE TIMES A DAY)
 ADLIB (FREE FEED)

Quantity: _____

Flavor/Brand: _____

Current Medications: a. _____

a. Dose: _____

b. _____

b. Dose: _____

c. _____

c. Dose: _____

Date of Last Bath/Shower: _____

Product Used: _____

Questions or Concerns About Your Pet:

Please ensure contact information above are numbers we will be able to be reach during your pet's stay.



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SYMPTOMS CHECKLIST: MY PET (CHECK ALL THAT APPLY)

ORTHOPEDIC ISSUES:

- Difficulty climbing stairs/jumping/rising/sitting
- Lags behind during walks / limping
- Past injury
- Currently on pain medication
- None

HEART & LUNGS:

- Coughing
- Sneezing
- Increased panting / shortness of breath
- Gets tired easily
- None

NEUROLOGIC:

- Circling / repetitive movements
- Confusion / disorientation / behavior change
- Less interest in interaction
- Less responsive
- Tremors / shaking
- None

BODY FUNCTION:

- Change in house training
- Increased thirst
- Increased urination
- Bad breath / chewing issues
- Diarrhea
- Constipation
- Excessive tearing
- Rubbing eyes
- Vomiting more than occasionally
- Weight loss/gain/altered appetite
- None

SKIN & COAT:

- Changes in skin or coat
- Lumps or bumps
- Skin odor
- Scratching / licking / chewing
- None

RELEASE FOR PATIENT DROP-OFF

_____ I hereby consent and authorize Wise Owl Animal Hospital (WOAH), through its Doctors and staff, to prescribe, treat, anesthetize, or perform surgery, and to provide any necessary care for my pet(s).

_____ I understand that WOAH will exercise reasonable care to prevent injury, escape, or accidental trauma to my pet(s), but WOAH will not be held liable for any incidents that may occur during care or treatment. I acknowledge and accept that all risks are assumed by me.

_____ I understand that, unless otherwise determined by a veterinarian, all animals staying at WOAH must be current on vaccinations. Required vaccinations for dogs include DHLPP, and for dogs scheduled for daycare or boarding, Bordetella (Kennel Cough) will be administered if not already received. Required vaccinations for cats include FVRCVP+C.

_____ I authorize WOAH staff to provide emergency or life-saving care for my pet(s) if necessary, and I agree to pay for all such treatments.

I have carefully read the above and agree to the terms and conditions:

Signature: _____

Date: _____



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PAYMENT POLICY (INITIAL EACH STATEMENT)

At Wise Owl Animal Hospital, we are dedicated to providing the highest quality care for you and your pet(s). Therefore, **PAYMENT IS DUE IN FULL FROM THE PET OWNER ON THE DATE SERVICES ARE PROVIDED.** For your convenience, we accept cash, check (with valid ID and Social Security number), as well as MasterCard, Visa, and Discover. If you have any questions about charges or payment, our team will be happy to assist you. Thank you for trusting us with your pet's care and for understanding our payment policy.

_____ If your pet is found to have parasites (worms, fleas, lice, or mites) during their visit, we will provide the necessary treatment, which may include a bath and anti-parasite medication. Treatment costs will be the responsibility of the pet owner.

_____ I understand a full reservation deposit is required at booking and may be forfeited if I cancel/no-show within 24 hours.

_____ I agree to pay all charges in full at the time of service; Failure on my part to pay in full at the time of my visit/services will render all discounts inapplicable.

_____ I agree to pay all costs, including legal/collections, if my account is not paid.

_____ All costs, including hospitalization, must be paid in full when my pet(s) are released from WOA. If my pet(s) are not picked up within seven (7) days of the expected discharge date, and I have not notified WOA in writing, they will be considered abandoned and may be rehomed or otherwise handled at the Doctor's discretion. WOA is not responsible in this situation. I understand that I am still responsible for all costs, including hospitalization, services, and any collection fees, such as legal or court costs.

By signing below, I agree to the above terms of payment and authorize Wise Owl Animal Hospital to provide any necessary care, treatment, or services for my pet(s). I understand and accept that it is my responsibility to pay the full balance at the time of each visit.

Signature: _____

Date: _____

MEDICAL EMERGENCY CONSENT (OWNER CONSENT FOR RESUSCITATION OR DNR)

Wise Owl Animal Hospital (WOAH) is committed to providing the best care for you and your pet. In the event of cardiac or respiratory arrest, owners have the choice to authorize life-saving measures or decline resuscitation.

If your pet stops breathing or their heart stops, our team may perform CPR (Cardiopulmonary Resuscitation) to try to restart their heart or help them breathe again. This may include giving oxygen through a tube, giving fluids or medication through a vein, performing chest compressions, or giving medication directly to the heart. **CPR services generally start at \$150.** Pets who are revived are often in very critical condition and will need close monitoring and care by our trained medical team. All WOA staff are certified in Basic Life Support (BLS), and our nursing team is also certified in Advanced Life Support (ALS).

WHILE CPR CAN HELP SAVE LIVES, SURVIVAL CANNOT BE GUARANTEED.



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Do Not Resuscitate (DNR) means no resuscitation will be attempted if a pet stops breathing or their heart stops, and the pet will be allowed to pass naturally.

Please select one option:

- I authorize CPR and any other life-saving measures deemed necessary by the attending veterinarian. I understand survival is not guaranteed and accept financial responsibility for resources used during the emergency.
- I request Do Not Resuscitate (DNR). I understand that if my pet stops breathing or their heart stops, no resuscitation will be performed and my pet will not survive.

By signing below, I acknowledge that I have read and understand the CPR information above, and I agree to the option I have selected for my pet's care.

Signature: _____

Date: _____

SURGERY CONSENT & OPTIONS

PLEASE NOTE: The following are not included in the surgery cost:

- **Vaccinations: Dogs (DHLPP), Cats (FVRCP+C \$149)**
- **Flea, tick, and heartworm prevention (price varies by brand and pet weight)**

Type of Surgery (check all that apply):

Date of Surgery: _____

- Spay/Neuter
 Declaw (Cat)
 Ear Crop
 Orthopedic/Bone Surgery
 Dental/Dental Extraction
 General Soft Tissue Surgery
 Tail Dock & Dewclaws (Puppy)
 Exotic Procedure (See Appointment)

Bloodwork Requirements Purpose:

Detects underlying health issues that may not be visible on physical exam. Ensures anesthesia and surgery are safe for your pet. Owner will be contacted if results indicate concerns.

Age of Pet	Recommended Bloodwork	Cost
Dogs ≥ 1 yr	Flex4 Combo (tick/heartworm/lyme)	\$89
Cats ≥ 1 yr	FELV/FIV Test	\$89
Pets ≥ 3 yrs	CBC	\$89
Pets ≥ 7 yrs	CBC + Profile	\$119



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Please select your bloodwork preference for Your Pet:

- 0-2 yrs: CBC
- 0-2 yrs: CBC + Profile
- 0-2 yrs: Decline optional bloodwork
- 3-6 yrs: CBC
- 3-6 yrs: CBC + Profile
- 7+ yrs: Flex 4 Combo + CBC + Profile
- Bloodwork done within last 14 days

IV Fluid Therapy Purpose:

Maintains hydration, prevents low blood pressure, reduces anesthetic risk, and provides immediate access for emergency medications

Required for Pets 7 years and older or for longer surgical procedures. IV Fluid therapy is included in dental procedures without additional cost.

- Yes, administer IV fluids (\$93)
- I decline IV fluids

Pain Medicine Purpose:

Reduces pain before, during, and after surgery; helps your pet recover comfortably.

Required for all Feline declaws and most major surgeries.

- Yes, provide post-operative pain medicine (\$20-\$40)
- I decline post-operative pain medicine

Microchip Purpose: Permanent identification to help return lost pets to their owners.

Complimentary with all JPS Surgeries

Microchips are \$25 ONLY during August for our Microchip Month Special

- Yes, microchip my pet (\$75)
- I decline a microchip

Therapeutic Laser Treatment Purpose: Reduces post-surgical pain, swelling, and healing time.

Required for All Major Surgeries and Large Wounds; Therapeutic Laser Treatment is included at no extra cost with all spay and neuter surgeries

- Yes, provide therapeutic laser (\$39)
- I decline laser therapy

Post-Operative Protective Device Purpose:

Prevents your pet from licking or damaging the incision while it heals.

- Plastic E-Collar (\$15-\$35)
- Inflatable E-Collar (\$25-\$45)
- Fabric Comfy E-Collar (\$40-\$65)
- I decline post-operative protective device

If you choose not to purchase a post-operative protective medical device and your pet has complications due to trauma to the surgical site, **you will be responsible for any additional treatment needed.**

Signature: _____

Date: _____