

Authorization for Anesthesia and/or Surgery

Client Name: _____

Pet's Name: _____

Species: _____

Breed: _____

Age: _____

Sex: _____

Anesthetic and surgical procedures(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I _____ **am/am not** _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at Animal Care Clinic to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

I UNDERSTAND THAT ALL AMOUNTS QUOTED ARE ESTIMATES ONLY AND MAY BE INCREASED OR DECREASED BASED ON VARIOUS CONDITIONS OF THE PATIENT AND/OR ADDITIONAL SURGERY TIME AND/OR MATERIALS NECESSARY TO COMPLETE THE PROCEDURE.
GENERAL SURGICAL EXAMPLES INCLUDE BUT NOT LIMITED TO:

ACTIVE REPRODUCTIVE TRACT, FALSE PREGNANCY, OBESE PATIENT,
PREGNANT PATIENT, RETAINED TESTICLE(S), ETC.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner/agent less than 18 years of age)

Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow.

The time of my pet's last meal was: Date _____ Time _____

Has your pet had aspirin or any other medicine within the past 48 hours? YES or NO

Which medication(s) _____

What dose & strength _____ When? _____

How many tablets, capsules, or ccs were administered? _____

NONE REQUIRED, ALL RECOMMENDED

Post-Operative Laser Therapy can be an effective way to decrease pain and inflammation and speed healing time after surgery.

The cost of the procedure is \$ 27; however, if you select bloodwork or fluid therapy, this service is complimentary.

I consent to have this procedure performed – **please initial** YES _____ NO _____

Small breed pets often suffer from **retained deciduate (baby) teeth** after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tarter buildup. This, in turn, leads to bad breath and damage to gums and adult teeth. We strongly recommend that these **deciduate teeth be extracted** while your pet is under anesthesia to avoid future complications. The cost for this procedure varies based the number of teeth extracted but usually ranges from \$ 14 to \$ 56

If my pet has this condition I consent to have this procedure performed – **please initial**

YES(**STRONGLY RECOMMENDED**) _____ NO _____

Microchipping pets involves inserting a tiny rice-like microchip under your pet's skin. This chip then holds your pet's identity for life. If your pet is ever lost and a local shelter or veterinary practice finds it, the law requires that all pets be scanned for a microchip before they are adopted out or euthanized.

The cost for this procedure is \$ 58

I agree to have a **microchip inserted** – **please initial** YES _____ NO _____

Perioperative fluid therapy is important to help maintain fluid volume, optimize cardiac output, and ensure that blood oxygen content is adequate. All of this is necessary to maintain organ perfusion and oxygen delivery to tissues during anesthesia. Perioperative fluids help us minimize anesthetic complications and ensure a smooth and uneventful recovery.

The cost for this service is \$ 58

I agree to **Perioperative Fluid Therapy**– **please initial**

YES(**STRONGLY RECOMMENDED**) _____ NO _____

Signature of Owner or Authorized Agent

Date