

AUTHORIZATION FOR ELECTIVE/SURGERY

Client ID:
Client Name:

Pet:
Technician: _____

PHONE NUMBER THAT YOU CAN BE REACHED AT ANY TIME

() _____

*****ALL PETS MUST BE CURRENT ON VACCINATIONS*****

I am the Owner/Agent of this animal and have the authority to give my consent and authorization of the following procedure/care. Please circle the procedure(s) that apply to your pet.

Dental Spay Neuter
Front Declaw All 4 Declaw Ear trim

**ADDITIONAL
PROCEDURE:** _____

Pre-Anesthesia Blood Screen

Complete Blood Count (CBC)
Kidney/Liver Test:

INITIAL EITHER A OR B

_____ A) I **request** that these recommended tests be performed.
_____ B) I **decline** to have these recommended tests performed.

I.V. Fluids

I.V. Fluids are recommended during anesthesia and/or surgery for the administration of medications and hydration:

_____ A) I **request** that I.V. Fluids be administered to my pet.
_____ B) I **decline** to have I.V. Fluids administered to my pet.

ECG Screen

Examines heart rhythm:

_____ A) I **request** that an ECG be performed
_____ B) I **decline** to have an ECG performed.

Complete Blood Profile

12 Test Blood Chemistry Panel
& Complete Blood Count:
CBC & Profile:

_____ A) I **request** that these recommended tests be performed.
_____ B) I **decline** to have these recommended tests performed.

✕ Contact clinic for current pricing

As the Owner/Agent of this pet, I have the authority to grant my consent and do authorize the Doctors and Technicians to treat, perform diagnostic tests, anesthetize and operate upon my pet. I understand that no guarantees are made to the outcome of diagnostic tests, treatment, or surgery.

All charges are to be paid when the pet is released from the hospital or boarding. The pet is considered abandoned if the Owner/Agent has not notified us or picked up their pet after 5 days of the proposed release date. In that event, we will mail a certified letter to your address. If we have No Response within 12 days after written notice, the animal will be considered abandoned. I understand that this does not relieve me of paying all costs of veterinary services and/or boarding.

Our Hospital is NOT responsible for any item lost or damaged when left with your pet.

I have read and agree to the statements on this form. It will be effective until I revoke it.

Signature _____ Date _____