

Surgery Authorization Form

FILE # _____

Owner's Name _____ Animal's Name: _____ Date: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedure necessary for treatment. I understand that support personnel will be used as deemed necessary by the Veterinarian. I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above animal. I realize results cannot be guaranteed. I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered. _____ Initial

Standard Procedures

I authorize the staff of **Clearfield Veterinary Clinic** to perform the following procedure(s) :

SPAY OR NEUTER	FRONT DECLAW UNDER 2YR OR 10 LBS	FRONT DECLAW OVER 2YR OR 10 LB (CONVENIA & 7 DAYS EPM)	
K9 DEWCLAWS (FRONT) OR (BACK) RIM INJ	OTHER (WRITE IN) _____		
DENTAL CLEANING	TUMOR REMOVAL _____	HISTOPATHOLOGY YES/NO	
	WHERE IS IT LOCATED?	PLEASE CIRCLE ONE	

PRE-ANESTHETIC BLOOD PROFILE

Running a pre-anesthetic blood profile will help us rule out problems that may compromise your pet's safety while under anesthesia, a basic profile that can detect liver, kidney and diabetic problems; we recommend every animal be tested prior to the use of anesthesia.

(6 MONTHS AND OLDER)			
Basic Profile \$55 .00	Heartworm Test \$25.00	FELV/FIV Test \$ 40.00	DECLINE BLOOD PROFILE

TOOTH EXTRACTION

Severe health problems can result from tooth infections. Often the only treatment for infected teeth is extracting them. If you allow it, the attending Veterinarian will attempt to identify and pull those teeth that cannot otherwise be saved.

Baby Teeth \$7.00	Extract Teeth as Needed	Please don't extract any teeth
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PAIN MEDICATION

Pain medication can be sent home after any surgical procedure. This medicine is simple to give, and may help ease your pet's recovery and shorten healing time (note: pain medicine is required for declaws, bone surgeries and other major procedures).

3 DAY CANINE INCLUDED IN SURGERY	3 DAY K9 PAIN MEDS 7 DAY K9 PAIN MEDS RIMADYL INJECTABLE	3 DAY FEL PAIN MEDS 7 DAY FEL PAIN MEDS	DECLINE HAVE MEDS AT HOME
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MICROCHIP

A microchip serves to positively identify your pet. Unlike collars and tags, a microchip cannot be lost or stolen.

AVID MICROCHIP \$42.00	AVID ISO MICROCHIP \$45.00 (MILITARY OR TRAVELERS)	Decline microchip
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VACCINATIONS

RABIES VACCINATIONS ARE REQUIRED BY LAW. In order for our staff to handle your pet, we require that your pet be vaccinated for Rabies. Even though our staff is well trained, we occasionally get bitten. If you would like any of your pets vaccination brought up to date please circle those that apply.

DHBPPVL \$ 49.00	FDRC FL \$46.00	RABIES ONLY \$25.00
DHBPPVL + RABIES \$59.00	FDRC FL RABIES \$56.00	
DHBPPV \$ 45.00		
DHBPPV + RABIES \$ 55.00		DECLINE VACCINATIONS

CONTACT INFORMATION

In case of an emergency please list any phone numbers that you or an authorized person can be reached within a **5 min** time frame between **9 AM – 1 PM.**

1. _____ 2. _____ 3. _____

SIGNATURE

By signing below, you authorize the procedures indicated above and agree that **PAYMENT IS DUE AT THE TIME OF SERVICE.** Past due accounts will be charged a monthly fee of 1 ½ % or \$4.50 whichever is greater. Delinquent accounts are turned over to our collection agency, and incur a Fee of 40% of balance owing, plus a reasonable attorney's fee, if required. **I PROMISE NOT TO ABANDON MY PET UNDER ANY CIRCUMSTANCES.**

SIGNATURE _____

Patient History

- Does your pet have a history of **Seizures**? **YES** ___ **NO** ___
If yes what kind of **medication** is your pet on: _____
- Has your pet had any **reactions** to **anesthesia** in the past? **YES** ___ **NO** ___
If yes what was the reaction: _____
- What previous **surgeries** has your pet had: _____
- Any **allergies** to **medications** or **vaccinations**? **YES** ___ **NO** ___
If yes What are they allergic to? _____
- Does your pet have a history of a **heart condition**? **YES** ___ **NO** ___
If yes please list medications: _____
- Does your pet have a history of **breathing issues**? **YES** ___ **NO** ___
If yes what are the issues: _____
(If there is anything else you would like us to know answer below)
Brief History _____
