Authorization for Elective Surgery

Client's Name: {FULLNAME} Pet's Name: {NAME}

Anesthetic and medical or surgical procedure(s) to be performed:

☐ Dog Spay ☐ Dog Neuter ☐ Cat Spay ☐ Cat Neuter

*** Post-operative pain medications will be prescribed for each patient ***

The most serious or common complications include redness and swelling, tenderness at the incision site, lethargy and decreased appetite. The most serious or common complications have been discussed with the veterinarian prior to surgery.

I, the undersigned owner or agent of the owner of the pet identified above, certify that ☐ **I am** ☐ **I am not** (check one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(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

Pre-anesthetic bloodwork is **STRONGLY** recommended prior to anesthesia to prevent complications during the procedure. An abbreviated panel is recommended for animals under 6 years of age. A comprehensive panel is recommended for animals 6 years and older.

☐ Abbreviated Panel ☐ Comprehensive Panel ☐ HW test ☐ Declined

Additional services that may be provided for an additional fee. Please check a box below if desired.

☑ Nail Trim included ☐ AG Expression ☐ Microchip ☑ Cerenia injection required

Is your pet current on heartworm prevention? ☐ YES ☐ NO

Is your pet current on flea/tick prevention? ☐ YES ☐ NO

Would you like a calming medication to take home for your pet? ☐ YES ☐ NO

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to 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. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff ☐ **has permission and I agree** ☐ **does not have permission and I do not agree** to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to ☐ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or ☐ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (check one).

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed. **Phone number(s) for today:** {BESTPHONENUMBERFORTODAY}

{CLIENTSIGNATURE} {CURRENTDATE[SHORT]}