

Dental / Surgical Authorization Form

Owner's Last Name: _____ Pet's Name: _____

Pre-anesthetic labwork is required within 30 days prior to anesthetic procedures and this may include a heartworm test for canines or a FeLV/FIV test for felines. In addition, a RABIES vaccine is required to be current (it can be updated at time of surgery). Potentially, a condition that is NOT evident on physical examination or blood screening could result in an unpredictable anesthetic complication.

Has your pet had ANY medication (over the counter/human/prescribed/etc) in the last 14 days or have any prior or current medical problems with anesthesia or seizures?

Estimate - An estimate of surgical fees can be given before procedure is started. PLEASE INITIAL ONE

_____ (int) I do not require or have already received an estimate and do not require an update. I accept all fees based on my selections below.

_____ (int) I would like to be called with an estimate of charges. If we are unable to reach you, your pet's procedure will be rescheduled. I understand that I am responsible for any fees incurred up to that time.

IV Catheter - An IV catheter is placed to support body functions and facilitate emergency treatment if needed. PLEASE INITIAL ONE

_____ (int) If a catheter cannot be placed I authorize LSAH to perform procedures regardless.

_____ (int) If a catheter cannot be placed I decline the procedure. I understand that I am responsible for any fees incurred up to that time.

Extractions ----Including adult teeth if beyond salvage OR retained baby teeth PLEASE INITIAL ONE

_____ (int) NO phone call is necessary to proceed and I accept the fees associated with the extraction of teeth during my pet's procedure.

_____ (int) I wish to be called during the dental procedure. If we are unable to reach you, your pet will be awakened and an additional procedure may need to be scheduled for the necessary tooth extractions.

Are there any other services below you would like performed today at an additional fee?

Accept: _____ (int) Decline _____ (int) Pain Package to include: Pre Surgical Injection, Pain Medications to be sent home and Post Surgical Laser Therapy if deemed medically necessary

Accept: _____ (int) Decline _____ (int) Antibiotics: If deemed necessary to aid in healing and post surgical infection/complications

Accept: _____ (int) Decline _____ (int) Send my pet home with an e-collar to keep pet from licking/scratching surgical area

Accept: _____ (int) Decline _____ (int) Scan my pet, if no microchip is found, please insert a microchip

Accept: _____ (int) Decline _____ (int) Trim my pet's nails

Accept: _____ (int) Decline _____ (int) Clean my pet's ears

Accept: _____ (int) Decline _____ (int) Express my pet's anal sacs

IN CASE OF EMERGENCY-- I assume financial responsibility for emergency procedures and understand the cost is in ADDITION to any procedures I have elected done. PLEASE INITIAL ONE

_____ (int) I assume all financial responsibility for services and supplies used in an emergency during my pet's procedure.

_____ (int) If I cannot be reached, LSAH can treat my pet but emergency procedure costs should not exceed \$_____.

I am the owner and I authorize the services listed above. I understand when anesthesia is involved, there are always inherent unpredictable risks, including death.

Signature: _____

Date: _____

Phone Number to be reached at today: _____