

Surgical Authorization Form

Client #: _____

Pet's Name: _____

Medical History (PLEASE INITIAL)

Has your pet had ANY medication (over-the-counter/human/prescribed/etc.) in the last 14 days?

_____ No _____ Yes (Please list) _____

Does your pet have any prior or current medical problems with anesthesia or seizures?

_____ No _____ Yes (Please describe) _____

Estimate Required? (PLEASE INITIAL ONE)

_____ No _____ Yes, I require an estimate. I understand if I cannot be reached at the number provided below my pet's procedure will be rescheduled. I understand that I am responsible for any fees incurred up to that point.

IV Catheter (PLEASE INITIAL)

_____ I acknowledge my pet's leg(s) will be shaved and an IV catheter may be placed as deemed medically necessary. If an IV catheter **cannot be placed** the procedure may be cancelled.

Extractions- Only applicable to dental procedures (PLEASE INITIAL ONE)

_____ Approved _____ Declined: I am declining any recommended extractions and taking responsibility for any potential complications resulting from the decline in recommended care.

Medications & Post-Operative Care (PLEASE INITIAL)

_____ I acknowledge that **medications will be administered and sent home as deemed necessary** by the veterinarian for pain, inflammation, and infection. I understand that **failure to comply** with ANY instructions and/or medications provided may result in **complications**, for which I accept responsibility.

Emergency & Life-Saving Measures Authorization (PLEASE INITIAL ONE)

_____ I authorize all life-saving measures, including CPR (Cardiopulmonary Resuscitation), understanding that **additional costs will be incurred**.

_____ I DO NOT authorize life-saving measures (DNR - Do Not Resuscitate) and understand that **no resuscitation efforts will be performed**.

Additional Services (Would you like the following services performed today at an additional fee?)

_____ Accept _____ Decline – **E-collar** to keep my pet from licking/scratching the surgical area.

_____ Accept _____ Decline – **Scan my pet**; if no microchip is found, **insert a microchip**.

_____ Accept _____ Decline – **Trim my pet's nails**.

_____ Accept _____ Decline – **Clean my pet's ears**.

_____ Accept _____ Decline – **Express my pet's anal sacs**.

Informed Consent for Anesthesia

By signing below, I certify that **I am the owner** and I **authorize the services listed above**. Pre-anesthetic lab work is required within 14 days prior to anesthetic procedures. I understand, a condition **not evident** on examination or blood screening could result in an **unpredictable anesthetic complication**. I understand that when **anesthesia is involved**,

there are always inherent unpredictable risks, including death.

Signature: _____ Date: _____

Printed Name: _____

Phone Number to be reached at today: _____