



# AUTHORIZATION FOR SURGICAL PROCEDURE



I hereby authorize performance of the following surgical procedure:

Owner Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date of Surgery: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please note: It is extremely important that we are able to reach you during your pet's procedure.**

Surgical Procedure: Spay/Neuter    Dental    Growth Removal    TPLO    Other  
If Other, please explain: \_\_\_\_\_

We require a pre-anesthetic blood screening prior to surgery to ensure your pets safety during anesthesia. By performing this important blood work, we will be able to rule out any pre-existing internal problems that may not be evident physically; but could lead to serious complications.

**Pre-Surgical Bloodwork:** Has already been completed and deemed within normal limits.  
Pre-Surgical Mini Screen because my pet is under the age of 7.  
Pre-Surgical Blood Panel because my pet is over the age of 7.

**I understand an IV Catheter and IV Fluids is required for my pet's surgery:** Yes   
\*Feline Neuters do not have this requirement\*

**Heartworm Test (Canines):** My pet has a current heartworm test and is on monthly prevention (with proof).  
My pet needs a heartworm test.  
My pet does NOT need a heartworm test because they are under 6 months.  
N/A - my pet is a cat

**Required for patients over 6 mos. of age, not on prevention.**  
\*The presence of heartworms greatly increases the patients' risk of complications during anesthesia. \*

**Vaccinations:** My pet is current on their rabies vaccine (with proof)  
My pet needs a rabies vaccine

**Additional Services I would like my pet to receive today:** \_\_\_\_\_

**Feline Viral Screen Testing to be performed:** Yes  No  N/A   
- Tests for Feline Leukemia and FIV

**For Dental Procedures:**  
 I authorize the doctor to extract any teeth deemed necessary.  
 I prefer to be contacted prior to extraction of any teeth. I understand if I cannot be reached during the procedure, **the doctor will not extract any teeth.**

**Would you like your pet to receive a Datamars microchip today?** Yes  No   
\*Any pet admitted with fleas will receive a Capstar treatment at a charge of \$7.00 per pet.

I hereby authorize the requested surgical procedure, blood work, and/or services indicated above. I understand that I assume financial responsibility for all services rendered, and that payment is due at the time of release from the hospital. Although we employ the highest level of anesthetics and surgical standards, I understand there is always a risk with anesthesia and unforeseen complications can occur.

The party acknowledges and agrees that this authorization form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_