

Surgical Authorization Form - Date: _____

To insure the best care possible, **please**, take the time to fill out this form completely.

CLIENT INFORMATION

Owner's Name: _____	Patient's Name: _____
Address : _____	Breed: _____
_____	Weight: _____
Phone: _____	Sex: _____
Cell Phone: _____	Age: _____
Work Phone: _____	Color: _____
Email: _____	Microhip No: _____

SURGERY REQUESTED: _____

PROCEDURE:

I hereby consent and authorize Indian Head Animal Hospital, its doctors and technicians to perform surgery on my pet. I understand that just as there may be risks and hazards in continuing your pet's present condition without treatment, there are also risks and hazards related to the performance of any surgical, medical, anesthetic and/or diagnostic procedures planned for your pet. I also understand that no warranty/ guarantee has been made to me as to result or cure.

FAST

Yes No - Did your pet receive any food after 12 AM?

PRE-SURGICAL BLOOD TEST:

Preoperative screening greatly reduces anesthetic risks by detecting system irregularities like anemia, kidney, and liver dysfunction. We strongly **recommend that pre-op screening** be performed in the best interest of your pet's health.

Yes; I want my pet to have a pre-surgical blood profile (\$ _____)

INIT _____ No; I do not want my pet to have a pre-surgical blood profile. I fully understand the possible consequences of anesthesia and dentistry being performed without this vital information.

NON-SURGICAL PHYSICAL EXAM:

Exams for other than surgical procedures will be done at the regular fee of \$ _____

Yes; I want my pet to have a non-surgical exam.

INIT _____ No; I do not want my pet to have a non-surgical exam.

PAIN RELIEF:

If the attending veterinarian deems it appropriate, pain relief may be administered to your pet after surgery.

Yes; I want my pet to have post-op pain relief. (\$ _____)

INIT _____ No; I do not authorize post-op pain relief.

LASER SURGERY:

Advances in Veterinary Medicine and Laser Surgery, make laser use in our procedures available. **Laser surgery reduces trauma, improves healing, and shortens time spent in the veterinary hospital.**

- **Less Pain** - laser seals nerve endings as it cuts.
- **Less Bleeding** - laser seals blood vessels as it cuts.
- **Less Swelling** - laser does not crush, tear or bruise tissue.

Yes; I want my pet to have LASER SURGER (\$ _____)

INIT _____ No; I do not want my pet to have LASER SURGERY.

MEDICATIONS:

In case we need to send any medications home with your pet. Which type do you prefer to give <animal>?

Liquid Pill

MICROCHIP:

Permanent microchip system that allows for easy national identification of your pet.

Yes, please microchip my pet (\$ _____)

No, thank you

PAYMENT AND ESTIMATE REQUEST

Yes, I would like an estimate for the procedure.

No, I do not need an estimate.

INIT _____ I understand payment for all treatment is due and payable when I pick up my pet.

DISCHARGE APPOINTMENT

Please schedule your pet's discharge appointment time with the receptionist.

In case of emergency notify: _____

Phone _____

Owner's Signature: _____

Date of admission: _____

(Must be over 18 years to sign)

Please note this facility is not staffed 24 hours a day