

Indian Head Animal Hospital

Surgical Authorization Form

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

Guardian Information...	Patient information...
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Name: _____	PATIENT: _____
Address: _____	SPECIES: _____
_____	BREED: _____
Home phone: _____	WEIGHT: _____
Business phone: _____	SEX: _____
Cell phone: _____	AGE: _____
Where can you be reached today?	Color: _____

Surgery Requested: _____

BLOOD TESTS:

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

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

PAIN RELIEF:

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

- Yes; I want my pet to have post-op pain relief if necessary**
- No; I do not** authorize the administration of post-op pain relief.

NON-SURGICAL EXAM:

Exam requests for other than surgical procedures will be conducted at the regular fee.

- Yes; I want my pet to have a complete non-surgical physical exam.**
- No; I do not want my pet to have a non-surgical exam.**

LASER SURGERY:

Advances in Veterinary Medicine and Laser Surgery, now make laser use in our procedures available to our clients. We strive to provide the best possible care for your pet. **Laser surgery reduces the trauma to your pet, improves healing, and shortens time spent in the veterinary hospital.**

Less pain	The laser seals nerve endings as it cuts.
Less Bleeding	The laser seals the blood vessels as it cuts.
Less Swelling	The laser does not crush, tear or bruise tissue. There is no physical contact with the tissue.

- Yes;** I want my pet to have LASER SURGERY (\$_____)
- No;** I do not want my pet to have LASER SURGERY.

MICROCHIP:

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

- Yes, please microchip my pet**
- No, thank you

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

Date of admission: _____ **In case of emergency notify:** _____

Owner's Signature: _____

Please note this facility is not staffed 24 hours day.