

Authorization for Anesthetic Procedure

Client's Name: _____ Pet's Name: _____ Date: ___/___/___

PLEASE COMPLETE EACH SECTION OF THIS FORM IN ITS ENTIRETY

Procedure to Be Performed: _____ **PUPS PROCEDURE:** [] Yes [] No

Blood work:

Pre-anesthetic blood work is strongly recommended. Blood work helps Dr. Ridlen to determine if the organs necessary for processing the anesthesia are in good health and will help find any abnormalities. **Pre-surgical screening is required on all senior patients. (Pets less than 50lbs and over 7yrs or Greater than 50lbs and over 5yrs)**

_____ I **DO** want the pre-anesthetic blood work on my pet and I understand that there is an additional \$40 charge.
_____ I **DO NOT** want the pre-anesthetic blood work for my pet.

Vaccinations and Tests (Rabies Vaccination is required yearly by law in Colorado County)

If your pet is due for vaccines, would you like for us to update them?

_____ **Yes**, please update what is checked below.

<u>Cats</u>	<u>Dogs</u>
[] FELV/FIV Test	[] Rabies
[] Rabies	[] Da2&Parvo/DAP 3yr
[] FVRCP/FVRCP 3yr	[] Corona/Lepto
[] FELV	[] Bordetella
[] FIP	[] Heartworm Test
[] Intestinal Parasite Screen	[] Intestinal Parasite Screen
[] Examination	[] Preventative Care Exam
	[] Canine Flu

_____ **No**, please do not update my pet's vaccines, heartworm check, and/or intestinal parasite screen

"I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper/Parvo vaccination for dogs and or Feline Distemper vaccine for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. **If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of request.**" X_____ (Owner Initial)

Cats Only: Our office recommends testing your cat for FIV and Feline Leukemia.

I understand that if my cat is infected with FIV or Leukemia it may infect other cats with casual contact such as grooming, sharing food/water bowls and by fighting with other cats.

_____ **Yes**, I would like my cat tested. The cost is \$43.00.
_____ **No**, please do not test my cat for FIV and Feline Leukemia

Additional Notes or Services:

Medical History:

_____ **Yes** _____ **No** Is your pet on heartworm preventative?
_____ **Yes** _____ **No** Did your pet eat this morning?
_____ **Yes** _____ **No** Has your pet had any illness or injury in the past 30 days?
Additional Information _____
_____ **Yes** _____ **No** Is your pet on any current medications? If yes, explain _____
_____ **Yes** _____ **No** Is it possible that your pet could be pregnant? If yes, you understand spaying will terminate the pregnancy.

Microchip:

We offer the Homeagain Microchip and registration while your pet is under anesthesia. This life-saving tool can help return your pet to you if they come up missing. Most animal shelters, veterinary clinics, and rescues carry Homeagain scanning devices so that they can scan all lost animals that come into their facilities. **If you would like for us to implant this permanent identification for an additional \$47.00, please initial here: Accept** _____ **Decline** _____

Deciduous Teeth:

Deciduous baby teeth will be removed at time of procedure unless otherwise noted at a cost starting at \$14. Dogs and cats should lose their baby teeth by six months of age. If the baby teeth are retained it is recommended to have them removed to prevent dental problems later.

_____ **Yes**, I would like my pet's deciduous teeth remove while under anesthesia.
_____ **No**, I would not like my pet's deciduous teeth removed.

Continue on Back 

Post-Operative Pain Medicine:

We offer post-operative pain medicine in the form of an oral, beef flavored liquid to be given at home. This medication is offered at an additional cost of \$22-\$40

Pain medication is not optional for some procedures and will be prescribed at the doctor's discretion.

___ **I Do** ___ **I Do Not** want post-operative pain medicine for my pet.

Sputer Post-Surgery Shirt:

The Sputer shirt keeps the surgical site clean and protected from scratching and licking. It also reduces stress and provides gentle comforting pressure around your pet's body. The Sputer shirt is recommend for most surgical procedures.

Use Sputer shirt - ___ **Yes** ___ **No** (Additional \$36.50)

This section is only for pets that are having a Growth or Growths Removed:

Would you like us to send the growth(s) off for a Histopathology? ___ **Yes** ___ **No**

1 Growth \$175

2 or more add \$45 per growth

Fleas: To prevent flea infestation of the clinic and its' patients, all hospitalized pets are carefully examined for any evidence of fleas. If any fleas are detected, a single dose treatment will be given at a cost of \$6-\$12.

Laser Therapy: Our clinic strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery qualifying patients will receive a therapeutic laser treatment after surgery. This will aid in pain management and increased healing of the tissue.

Owner Release:

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of service.

*I understand Colorado Valley Veterinary Services will use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. **I have read the foregoing, understand what it says, and agree.***

Signature (Owner) _____ Date _____ Phone: _____

Dental Procedures Only:

We include full mouth x-rays and oral examination in the basic cleaning estimate. The veterinarian may find that additional teeth need to be x-rayed and extractions may be required due to painful infection, pulp exposure or periodontal disease. In addition to these findings the veterinarian may recommend other services including oral antibiotics, long lasting antibiotic gels, and/or extractions. These services are easier performed while your pet is under anesthesia therefore are recommended to be performed at the time of cleaning.

Please indicate your preference:

___ **The doctor has permission to perform additional x-rays, extract teeth, or give antibiotics if necessary.**

___ **The doctor has permission to perform additional x-rays but must contact me to discuss further charges.**

___ **The doctor must contact me to discuss recommendations for additional x-rays, extractions, or antibiotics.**

*I understand that if I have specified that the doctor must contact me for verbal authorization of services listed above and I am not available by phone while my pet is under anesthesia, that my pet will not receive those treatments today and I must reschedule the procedures at additional cost. **I have read the foregoing, understand what it says, and agree.***

Phone number(s) you can be reached at ALL DAY today _____

Signed: _____ Date: _____