



Procedure Authorization Form

<u>Client (Owner):</u>	<u>Today's Contact #:</u>	<u>Date:</u>
<u>Pet Information</u> <u>Patient Name(s):</u>	<u>Breed:</u>	<u>Color:</u>
		<u>Age:</u>

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby authorize the performance of the following treatment(s) or procedure(s).

Treatment/Procedure(s):

Additional Services Requested:

- Microchip ID
- Heartworm Testing
- Vaccination(s)
- Dental Care

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised to the nature of the treatment or procedures and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

Signature of owner/agent

Date:

Please read carefully and sign where appropriate.

Your pet is scheduled for a procedure that may require anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility that a physical exam alone will not identify all of your pet's health problems, we **STRONGLY** recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to, and equally as important as those your own physician would run if you were to go under anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Please complete the recommended testing prior to administering anesthesia to my pet.

Signed: _____

OR

I decline the recommended pre-anesthetic tests at this time and request you proceed with the anesthesia.

Signed: _____

We are now offering Companion Laser Therapy as an additional post-operative pain reducer. This is a non-invasive therapy that speeds healing of the affected area as well as reduces pain.

I would like to add post-operative laser treatment for an additional \$15. YES NO

Signed: _____

If an authorized agent or child is dropping off the pet for treatment/procedure in lieu of the owner:

Do we need to call the owner prior to treatment/procedure?

Do we need to quote an estimate prior to treatment/procedure? YES NO

Name of the individual who will be paying the charges upon pick up: _____

I, _____, am an authorized agent of said pet and understand the charges that will be due upon pick up.

Signed: _____ Date: _____