



Premier Vet Care Animal Clinic
 5100 Lakeview Parkway* Rowlett, TX 75088 * (972)463-8387

SURGERY AUTHORIZATION FORM

Client Information

Name:	<input type="text"/>	Address:	<input type="text"/>		
Cell phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>	Email:	<input type="text"/>

Patient Information

Name:	<input type="text"/>	Species:	<input type="text"/>	Age:	<input type="text"/>	Sex:	<input type="text"/>
Procedure(s) scheduled/requested:	<input type="text"/>				Date of procedure(s):	<input type="text"/>	

History

Known medical issues:

Vaccine reactions?: No / Yes... If known, which vaccine(s)?

Anesthesia reactions?: No / Yes... If known, which anesthetic(s)?

Vaccine/Test History: Surgical patients must be current on ALL required vaccinations, have up to date test results (heartworm test for dogs, FIV/FelV test for cats), and be free of fleas/ticks. If not current, patients will be treated on admission at your expense. ***Please bring/email your pet's vaccine history if completed at another clinic.***

- **Vaccines Required:** DOGS: Rabies, DHPP, Bordetella / CATS: Rabies, FVRCP **Individual costs may vary**
- **Tests required:** DOGS: Heartworm test (within the last year) / CATS: FIV/FelV (at Dr. discretion) **\$35**

Please circle your preference for the below recommended treatments, then initial on the dotted line.

- **Bloodwork:** None / \$60 pre-op panel / \$160 Comprehensive panels via Antech Lab
- **Intravenous fluids:** None / \$70 Intravenous fluids (recommended)
- **Elizabethan collar:** None / \$25 e-collar (recommended)
 o *I accept full accountability if any post-op complications occur from my pet licking the incision site. I will be responsible for any professional fees related to necessary repairs from these complications.*
- **Microchip:** None (My pet is already chipped) / \$30 Microchip
- **Proheart Injection:** None (My pet is already on heartworm prevention) / \$40-\$75 Proheart injection
- **Nail trim:** None / \$12 Nail trim / \$25 Nail Dremel
- **Would you like to meet the Doctor?:** No (I've already met my Doctor/I don't wish to meet my Dr.) / Yes
- **REQUIRED pre-surgical tests:**
 o My DOG has had a heartworm test in the **last year**. No / Yes (please bring record)...Results: _____
 o My CAT has had a FIV/FelV test: No / Yes (please bring record)...Results: _____ Date: _____
- **REQUIRED pre-surgical vaccines:**
 o My DOG is up-to-date on the above required vaccines: No / Yes (please bring record)
 • If not, which vaccines are due: _____
 o My CAT is up-to-date on the above required vaccines: No / Yes (please bring record)
 • If not, which vaccines are due: _____
- **Special requests:** Please list any special requests here: _____

I authorize the performance of the above requested/required medical treatment(s) and surgical procedure(s) performed by the Licensed Veterinarian at Premier Vet Care Animal Clinic:

Owner Signature:	<input type="text"/>	Date:	<input type="text"/>
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