



SURGERY AUTHORIZATION FORM

Please fill this form out to the best of your knowledge. Please ask your surgery technician for pricing information at time of surgery check-in.

Client Information

Name: _____ Address: _____
BEST Client Contact Number: _____

Patient Information

Name: _____ Species: _____
DOB: _____ Sex: _____
Date of procedure (s): _____
Procedure(s) scheduled/requested: _____

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, the patient will be treated on admission at your expense.

Please bring/email your pet's vaccine history if they were completed at another clinic.

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

Additional Services/Requests:

Surgery Price includes the following:

IV catheterization, IV fluids, full anesthetic monitoring (SpO2, CO2, respiration rate, blood pressure, HR, BP, ECG, temperature), antibiotic injection, pain medications, and an E-collar. **Prices are based on pet's weight the DAY OF SURGERY for spays/neuters**

Please circle your preference for the below recommended treatments, then initial each option on the dotted line. Please ask your surgery technician for updated pricing on any additional services.

----- **Elizabethan Collar** (included in surgery price): By initialing, I accept full responsibility for any *post-op complications and subsequent treatment fees* if I opt not to follow my veterinarian's instructions to have my pet wear his/her e-collar.

----- **Bloodwork:** None / Pre-op panel / Comprehensive panels via Antech Lab (ask your surgery tech how this panel can help save your pet's life!)

----- **Microchip:** None / My pet is already chipped / Microchip

----- **Proheart Injection:** None (My pet is already on heartworm prevention)

----- **Nail trim:** None / Nail trim / Nail Dremel

----- **Would you like to meet the Doctor?:** No (I have already met my Dr./I do not wish to meet my Dr.) / Yes

----- **REQUIRED pre-surgical tests:**

My DOG has had a heartworm test in the **last year:** No / Yes (please bring record)...Results: _____

My CAT has had a FIV/FelV test: No / Yes (please bring record)...Results: _____ Date: _____

----- **REQUIRED pre-surgical vaccines:**

My DOG is up-to-date on the above required vaccines: No / Yes (please bring record)

If not, which vaccines are due: _____

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 here: _____

By signing below, I as the owner/patient representative agree to and understand the following:

I authorize the above requested/required medical and surgical procedure(s).

I understand the risk(s) associated with said procedure(s).

I authorize the medical staff to provide services in an emergency for the well-being of my pet.

I release the professional staff at Premier Vet Care from any and all claims.

I agree to pay in full for all treatments at the time of completion.

Owner Signature: _____ Date: _____

Technician Signature: _____ Date: _____