



## SURGERY AUTHORIZATION FORM

Please fill this form out to the best of your knowledge.

### 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) **\$40**

### 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.

- 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 / \$75 pre-op panel / \$195 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 / \$40 Microchip
- **Proheart Injection:** None (My pet is already on heartworm prevention)
- **Nail trim:** None / \$13 Nail trim / \$30 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: \_\_\_\_\_