



AUTHORIZATION FOR ANESTHESIA and/or SURGERY

Client's Name: _____ Phone: _____ PLEASE MARK WHICH IS 1ST/2ND CHOICE

Additional Phone Number(s): _____

Pet's Name: _____ Species: _____ Breed: _____ Age: _____ Sex: _____

Vaccines Current: YES NO If no, what is needed: _____
(All Pets Must Be Current On Vaccines)

Anesthetic and surgical procedure(s) to be performed:

I am the owner (or agent of the owner) of the pet identified above. I hereby authorize Central Hospital For Animals to perform such diagnostic, therapeutic, emergency, and surgical procedures as are necessary and advisable for the treatment of my pet. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I realize no guarantee or warranty can ethically or professionally be made regarding the results or cure. In the event that my animal should injure itself, escape, fail to eat, become ill, or die, I will not hold Central Hospital For Animals and its employees responsible. I expect that reasonable precautions will be used to ensure the animal's safety and well-being in the hospital. To prevent the spread of infectious diseases, all pets must be free of internal parasites, fleas, & ticks. If found, I understand my pet will be treated at my expense. I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent _____ Date _____

Pre-Surgery Bloodwork Authorization

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during routine pre-anesthesia examination. **To avoid these problems, we STRONGLY RECOMMEND that all patients be screened prior to anesthesia by means of the following laboratory tests.**

I give my consent to perform the following tests/procedures initialed below.

Dogs & Cats (Under 5 years of age) _____ YES _____ NO **OR** _____ Required (Orthopedic and Pets five years of age and older)

Surgery panel prices are not included in the price of surgery and are an additional charge.

Laboratory Tests: BUN (Kidney), SGPT (Liver), Glucose (Diabetes), Total Protein (Fluid Balance), PCV (Anemia), Creatinine (Kidney), ALK/Phos (Liver/Muscle Cell Damage), and Clotting Time..... **Cost: \$57.25**

Other Laboratory Tests / Procedures	Cost	Age Requirements	YES	NO
Heartworm/Ehrlichia/Lyme test - required for all dogs not current unless discussed with doctor.	\$38.75	6 mos. + (Dogs)		
Feline Leukemia & FIV & Heartworm Combo Test	\$63.26	Any age		
Feline Leukemia Vaccination - Recommended for all cats after testing.	\$28.98	1st Dose - 8 weeks 2nd Dose - 12 weeks		
Microchip	\$41.20	6 mos. +		
Ear Cleaning	\$15.99	Any Age		
Dental Cleaning (Please ask for estimate)	*****	2-3 Years +		

PAIN RELIEF AUTHORIZATION FORM

No pet should suffer from unnecessary pain. Our policy is to control the pain of pets in our care.

Pain is more than an unpleasant sensation or emotion. Unrelieved pain can lead to harmful physical effects and may delay healing.

While pets can't verbally tell us when and where they hurt, we know they feel pain as much as people do. Consequently, we assume any injury, disease, or procedure that causes pain in people will also cause pain in your pet and should be treated.

We believe controlling our patients' pain is important. Medication may be administered before, during and/or after your pet's surgical procedure to reduce pain and discomfort and to promote recovery.

We recommend pain relief management for all surgical patients.

Please authorize management of post-surgical pain relief by initialing below:

Type of Pain Relief	Requirements	Cost	YES	NO
Canine Pain Relief Injection	Required for all orthopedic & ear cropping procedures	\$20.00-\$40.00 (Varies with weight)		
Feline Pain Relief Injection	Required for all declaw procedures	\$25.00-\$35.00 (Varies with weight)		

Office Use Only

Checked In By: _____ Time: _____

Deposit: YES N/A