

SURGICAL AUTHORIZATION FORM

Patient: <animal> <last-name>
<breed> <sex-name> <age>
File Number:<number> <std-date>

Wt: _____ kg _____ lbs

Please read through the following document and answer all questions regarding your pet's surgery today. Please sign and initial where appropriate. **In the unlikely event of an emergency, please be sure you can be reached immediately at the contact number you provide below.**

Would you like your pet to receive a form of permanent identification? Please check:

- Microchip identification (World-wide identification) - \$68.00 Yes _____ No _____

Would you like your pet to receive a nail trim at **no charge** today? Yes _____ No _____

When was <animal> last heat cycle (if applicable)? _____

Does your pet have any deciduous teeth? _____ (If yes, additional costs will occur per extraction)

Has your pet eaten in the last 12 hours? **Yes**____**No**____ If yes, at what time? _____

Has your pet received any medications in the last 24 hours? **Yes** _____ **No**_____

If yes, please indicate which medications were given and at what time: _____

We will provide you with an elizabethan collar at no charge today. Medical pet shirts are also available for pets under 25kg for an additional \$30.00. Would you prefer to take a medical pet shirt? **Yes** _____ **No** _____

Please provide contact information where we can reach you by phone during your pet's stay with us today:

Contact Name _____ Phone _____
Alternative _____ Phone _____

(Please Print)

Please insure you are leaving a contact number where you will be reachable **AT ALL TIMES** during the duration of your pet's stay with us today. It is **IMPERATIVE** we are able to reach you in the event of an emergency. If our veterinarians determine that <animal>'s health would benefit from any other treatment or procedure at this time, we will make every effort to contact you at the numbers you have provided above to explain the procedure and costs involved. Unless otherwise instructed we **WILL NOT** proceed with additional treatments if we are unable to contact you. This may mean an additional anesthetic will be required to carry out recommended medical procedures. If we are unable to contact you in the event of an emergency, we will proceed with emergency medical treatment. These treatments will be reflected on your final invoice which is required to be paid in full at the time of your pet's discharge.

Initial _____

Owner's signature _____

Date: _____

Pre-Anesthetic Blood Testing

Our greatest concern is the well being of your pet. Before any anesthetic drugs are given, the veterinarian will perform a physical exam to identify any health problems that could complicate the procedure. There is always a possibility an exam alone will not identify all health problems.

We recommend that pre-anesthetic blood work be done prior to anesthesia. It is important to understand that this blood work does not guarantee the absence of anesthetic complications; however it does reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

It is important to check for problems such as dehydration, diabetes, anemia and kidney or liver disease, all of which can complicate this routine procedure. It is important to check these functions as the anesthetic agents we use are broken down and excreted by the liver and kidneys. Another part of the test that is useful to us is the Complete Blood Count or CBC. This provides us with information about oxygen carrying cells, cells that fight infection and cells that help blood to clot. In addition to reducing the anesthetic risk for your pet today, these results may be useful later to develop faster and more accurate diagnoses and treatments for future health changes.

Please read through and select (initial) one option below:

 I have completed the recommended anesthetic blood work prior to the procedure and no abnormalities were found according to Aspen Animal Hospital. I confirm my understanding that there are always potential risks involved when using anesthesia on an animal including, but not limited to, kidney disease, liver disease, heart failure and death.

 I would like to complete the recommended blood work in the hospital prior to my pet's procedure this morning. I confirm my understanding that there are always potential risks involved when using anesthesia on an animal including, but not limited to, kidney disease, liver disease, heart failure and death.

 I have elected to refuse the recommended blood work and request that you proceed with anesthesia and surgery. I assume full responsibility for my pet. I confirm my understanding that there are always potential risks involved when using anesthesia on an animal including, but not limited to, kidney disease, liver disease, heart failure and death.

Signature of Owner or authorized agent: _____

Witness: _____