

# Critter Care Animal Clinic

Patient ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Client: \_\_\_\_\_ Pet: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_  
City, State: \_\_\_\_\_ Breed: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Sex/Color: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Microchip: \_\_\_\_\_

The following information is necessary in order that we might serve you better and give you more personal attention. **Please fill out the form completely and double check your personal information above to be sure everything is current.** Thank you.

## AUTHORIZATION FOR SURGERY

I, owner or authorized agent of admitted patient, hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer treatment as necessary to perform the following surgical, dental or diagnostic procedure, and additional procedures as are considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetic as necessary.

I hereby authorize performance of the following procedure(s):

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While your pet is under anesthesia he/she may receive a complementary ear cleaning and nail trim.

**Home Again Microchip** - (Includes one year registration) \$45  Yes  No  
**Spay tattoo** (~1 inch green line by incision; FREE - recommended if no microchip present)  Yes  No  
**Dog owners** - Do you wish blood to be drawn from your pet for a Heartworm Test? \$47  Yes  No  
**Cat owners** - Do you wish blood to be drawn from your pet for a FeLV/FIV/HW test? \$40  Yes  No

**Pre-anesthetic Bloodwork** - Sometimes pre-existing conditions are present that may not be physically evident. For this reason, we recommend pre-anesthetic blood profiles for all dogs and cats that include measurements of liver and kidney function, glucose, platelet count, red blood cells, etc.  Yes (Additional charges WILL apply - \$62-87)  No

If further procedures are necessary how should they be handled? (Please **initial** one of the following):

\_\_\_\_\_ Perform whatever procedures are needed with the understanding there will be additional charges.  
\_\_\_\_\_ Please call me at the number listed below first, but if you cannot reach me, you may proceed with any additional procedures.  
\_\_\_\_\_ Do nothing else unless you reach me first. I understand you will wake my pet without doing even the simplest procedure.

**Therapeutic Laser** - This can be performed after surgery to help reduce pain and inflammation as well as speed healing of tissue. \$15  Yes  No

I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and understand this authorization, the reasons that this procedure is considered necessary, as well as its advantages and possible complications, if any. I will not hold Critter Care Animal Clinic, the doctors, or the staff liable for any complications. **I assume financial responsibility for all charges incurred to the patient and agree to pay all charges at the time the patient is discharged.** I understand that if my pet is not current on his/her rabies vaccination, it will be updated at the time of service. I also understand that any patients found to have fleas will be treated at the owner's expense.

I understand that there may be risk involved in these procedures. In the event of a cardiopulmonary arrest (loss of normal heart beat and breathing), I understand immediate action must be taken. I authorize the following.  
\_\_\_\_\_ Cardiopulmonary Resuscitation (CPR) as deemed necessary by the doctor to try to restore normal heart beat & breathing. (Additional charges will apply)  
\_\_\_\_\_ No resuscitation efforts

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Fasted:  Yes  No