Critter Care
ANIMAL CLINIC

Date:	Pet:	**List any current medication & last time given:**
Client:	Species:	**1)**
Address:	Breed:	
City, State:	Microchip:	**2)**
Zip Code:	Birthdate:	
Phone:		**3)**

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 <u>double check your personal information above to be sure everything is current</u>.** 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. While your pet is under anesthesia he/she may receive a complementary ear cleaning and nail trim. Please notify an employee if these services are declined.

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

Was your pet fasted? (Did not eat for 8-12 hours minimum?) ☐ YES ☐ NO

Home Again Microchip - (Includes one year registration) **Cost is $45** ☐ YES ☐ NO ☐ Pet is already microchipped

Spay Tattoo (~1 inch green line by incision; **NO CHARGE** - recommended if microchip isn't present) ☐ YES ☐ NO

Dog owners - Do you wish blood to be drawn from your pet for a Heartworm Test? **Cost is $48** ☐ YES ☐ NO
Cat owners - Do you wish blood to be drawn from your pet for a FeLV/FIV/HW test? **Cost is $43** ☐ YES ☐ NO

Therapeutic Laser - This is performed after surgery to help reduce pain and inflammation as well as speed healing of tissue.
Cost is $15 ☐ YES ☐ NO

E-Collar - Do you wish to have an e-collar (cone collar) sent home to protect the surgical site from complications that can be caused by licking/chewing? Cost depends on patients size. ☐ YES ☐ NO, I decline and understand the risk ☐ I have one at home already.

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. (Additional charges <u>WILL</u> apply - **Cost is $72-105**) ☐ YES ☐ NO

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

_____ 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 an additional procedures with the understanding there will be additional charges.	_____ Do nothing else unless you reach me FIRST. I understand you will wake my pet without doing the simplest procedure.

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:_____