

CANINE SURGERY AUTHORIZATION

The information requested tells us the things that you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank You.

WHAT TYPE OF SURGICAL PROCEDURE IS YOUR DOG HERE FOR TODAY.

____ Spay ____ Neuter ____ Remove Rear Dewclaws ____ Heartworm Treatment

____ Growth Removal. If so, where? _____ Biopsy? Yes No Initials _____

____ Teeth Cleaning. ____ Dental Extractions - Initials _____ ____ Insert Datamars I.D. Chip

____ Anal Gland Removal ____ Other procedure not listed. _____

Do you want Pre-Surgery bloodwork to be done on your dog? Yes No Initials _____ - \$88.00

Do you want a heartworm blood test to be done on your dog? Yes No Initials _____ - \$37.00

Circle any additional services you want done for your dog today.

Rabies Vacc DHLPPC Vacc Bordetella Vacc Toe nail trim

Stool Sample Check EKG X-Rays Urine Analysis

PAIN MEDICINE WILL BE PROVIDED TO YOUR DOG IF FELT NECESSARY.

FLEA PREVENTION WILL BE GIVEN IF NEEDED, TO PREVENT HOSPITAL INFESTATION.

I am the owner(or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of diagnosis, treatment, surgery or other procedures, as specified by this release, and approve the use of whatever anesthetics you deem advisable for the well-being of the animal. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die. I absolve you of all liability arising from the performance of procedures requested herein.

Your Signature _____ Date _____

Phone Number where you can be reached TODAY _____