



Authorization and Consent for Professional Services

Pet's Name _____ Date _____

Your Name (Please Print) _____

ALL phone numbers where you can be reached today: () _____
() _____
Email _____ () _____

What is your pet here for today?

- Surgery: _____
- X-Rays
- Ultrasound
- Bloodwork
- Vaccines
- Urinalysis
- Fluid Therapy
- Observation
- Examination
- Other: _____

Has your pet eaten today? YES (If yes, when? _____)
 NO

Has your pet been medicated today? YES (If yes, what medication and time given _____)
 NO

Would you like an **ESTIMATE** of the cost for the anticipated procedures?

- YES (We will proceed with the planned procedure if we cannot reach you)
- NO
- I have already received an estimate for today's procedure and it was \$ _____

BLOODWORK CONSENT

We recommend those pets undergoing anesthesia have basic bloodwork performed prior to the procedure. If your pet is ill or older we recommend more detailed bloodwork. These recommendations are as follows:

1. In apparently healthy, young pets we suggest basic tests to check blood clotting ability, anemia, diabetes, and assess kidney function.
2. In cats over 9 years and dogs over 7 years or pets with a medical/surgical problem, we recommend more comprehensive pre-anesthetic tests to assess blood clotting ability, check for anemia, diabetes, assess kidney and liver function among other parameters to optimize safety.

PLEASE CHECK ONE:

- YES, I would like to do these tests on my pet before anesthesia.
- NO, I decline the recommended bloodwork.

ANESTHESIA INTENSIVE SUPPORT (I.V. CATHETER)

We recommend intravenous fluid therapy for our surgical patients. Having a catheter in place during anesthesia allows more options in pain management before, during and after surgery. Intravenous fluid support helps maintain blood pressure, perfusion of the kidneys and speeds up the recovery process. Additionally, should a patient develop complications during a procedure we will have ready access to institute treatment without delay.

- YES, I would like to do these precautionary measures.
- NO, I decline.

NOTE: The intravenous catheter and fluids are required for dogs that are 7 years and older, for cats that are 9 years and older and for any animal with a medical condition that warrants these extra care measures.

Should other procedures (skin scrape, lump aspirate, ear smear, dental work, stool sample, etc.) be deemed necessary or desirable in the attending veterinarian's professional judgment, how would you like us to proceed?

CHECK ONLY ONE:

- I prefer the doctor to proceed with all recommended procedures.
- I **prefer to be phoned** prior to any additional procedures, other than emergencies. However, if I **cannot** be reached, I authorize unforeseen, non-emergency procedures.
- If I **cannot** be reached I **do not** authorize unforeseen, non-emergency procedures.

I would like my pet to receive these additional services:

- Microchip** my pet for permanent identification purposes.
- Nail Trim**
- Anal Glands**

If your **CAT** should require medication, would you prefer a **LIQUID** or a **PILL**?

Has your pet had an adverse reaction to any medications?

- YES** (If yes, please list medications _____)
- NO**

FELINE LEUKEMIA AND FIV

We recommend that all cats be **retested** for FELINE LEUKEMIA and FELINE IMMUNODEFICIENCY VIRUS after 6 months of age even if previously tested as a kitten. If your cat has never been tested, we encourage testing.

- YES**, I would like to do these tests.
- NO**, I decline.

I am the owner, responsible agent for, or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or procedure, and that results cannot be guaranteed. I understand that sedation or general anesthesia may be necessary to relieve anxiety during procedures and /or to insure the safety of pets and employees. I authorize the veterinarians and the staff of the designated agents of Mendocino Animal Hospital to perform all procedures as set forth above, including surgery, medical services, treatment, laboratory tests, x-rays, medications, and anesthetics. Further, in case of emergency, I consent to any procedures deemed necessary and desirable in the attending veterinarian's professional judgment. I understand that an attendant is not on hospital premises 24 hours per day. I consent to the release of medical information.

I AGREE TO PAY IN FULL FOR SERVICES PERFORMED INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR UNFORESEEN CIRCUMSTANCES.

Signature: _____ Date: _____