

Clinic name _____

Client Name _____ # _____

AUTHORIZATION FOR SURGERY AND ANESTHESIA Pet Name _____

Anesthetic and surgical procedure(s) to be performed: (Patients will have an EKG and blood test run in advance of anesthetic induction at doctor's discretion) Procedure with Dr. _____

ADDITIONAL PROCEDURES REQUESTED AT TODAY'S VISIT: Other: _____	
<input type="checkbox"/> Microchipping \$ _____	<input type="checkbox"/> Vaccinations
<input type="checkbox"/> Dental cleaning	<input type="checkbox"/> Surgical Laser \$ _____
<input type="checkbox"/> Post op Laser \$ _____	<input type="checkbox"/> Heartworm/Intestinal Parasite Test
<input type="checkbox"/> Lump removal	<input type="checkbox"/> Histopath Y/N
<input type="checkbox"/> Nail trim (this one is on us- no fee)	

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am ____ I am not ____ (check one) eighteen years of age or over and authorize the veterinarian(s) at Veterinary Village LLC to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. Risks: _____ My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet.
- Sufficient details of the procedures to understand what will be performed.
- How fully my pet will recover and how long it will take.
- The most common and serious complications.
- The length and type of follow-up care and home restraint required.
- The estimate of the fees for all services.
- Any necessary payment arrangements.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand no guarantee or warranty has been made regarding the results that may be achieved. I agree to provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has ____ does not have ____ (check one) my permission to provide such treatment and I agree to pay for such services.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. Please be aware that as allowed in Wisconsin Statutes and Administrative Code VE 7.02 some services may be provided by a veterinary student, certified veterinary technician or an unlicensed assistant. I realize that in many cases, it is impossible to determine in advance the extent of medical or surgical treatment required for an animal. In such cases, staff from the Veterinary Village, LLC will attempt to estimate the cost of treatment, but it is understood that the actual cost may exceed or be lower than this estimate, depending upon the extent of treatment required.

1. Has your pet vomited or had diarrhea in the last 48 hours? No/Yes/ Describe _____
2. What medications is your pet currently taking? Include over-the-counter medications _____
3. What time was the last dose of medication administered? _____
4. Has your pet been coughing or sneezing in the last 7 days? No/Yes/Describe _____
5. What has your pet eaten in the last 8 hours? _____
6. Has your pet recently shown any signs of exercise intolerance? _____
7. Has your pet's eating and/or drinking habits changed in the last 30 days? No/Yes/Describe _____
8. Has your pet ever been diagnosed with a heart murmur or other heart condition? No/Yes/Describe _____
9. Has your pet ever been diagnosed with liver or kidney problem? No/Yes/Describe _____
10. To your knowledge, has your pet ever had any adverse reaction to anesthesia? No/Yes/Describe _____
11. Is your pet allergic to any medications or foods? No/Yes/Describe _____

Signature of Owner or Agent _____

Date _____

Staff initials ____/____ Document ID _____

Telephone where I can be reached today during procedure _____

Please call me/text me/e mail with an update

Please call me at work only if urgent

Do not call me at work

E mail address _____

You may call about your pet today at Phone # _____