

**COUNTRY FRIENDS VETERINARY CLINIC: Anesthesia and/or Surgery Authorization Form**

Please be sure to fill out our form completely and legibly

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Anesthetic/Surgical Procedure: \_\_\_\_\_

<b>History:</b>	
Has your pet shown any signs of the following?	YES NO
YES NO	<input type="checkbox"/> <input type="checkbox"/> Has your pet eaten this morning?
<input type="checkbox"/> <input type="checkbox"/> Vomiting? How Long? _____	<input type="checkbox"/> <input type="checkbox"/> Has your pet ever been anesthetized?
<input type="checkbox"/> <input type="checkbox"/> Diarrhea? How Long? _____	<input type="checkbox"/> <input type="checkbox"/> If yes, did your pet have any complications?
<input type="checkbox"/> <input type="checkbox"/> Sneezing? How Long? _____	<b>Has your pet been on any medications in</b>
<input type="checkbox"/> <input type="checkbox"/> Lethargy? How Long? _____	<b>the past 30 days? Please List:</b> _____
<input type="checkbox"/> <input type="checkbox"/> Coughing? How Long? _____	_____
None of the above	_____
Pet must arrive between 7-8 am unless otherwise directed. Accept	<b>Last dose given:</b> _____

**Options:**

- There is an inherent risk to any anesthetic procedure and we take all precautions necessary to minimize the risk. We recommend blood work be performed prior to the anesthetic/surgical procedure as this may detect anemia/platelet problems, liver or kidney abnormalities. Blood work is required in pets older than 7 years of age. *Please note the cost is in addition to anesthesia/surgery charges. (\$93.45 day of surgery)*  
**ACCEPT DECLINED ALREADY PERFORMED IN PAST 30 DAYS**
- While under anesthesia, administering fluids via an IV catheter can be beneficial in maintaining blood pressure and assists in stabilizing vital organs. In addition, should your pet have any complications arise during anesthesia, quick access to a vein is important. In healthy animals, fluids and IV catheter are highly recommended in pets 7 years and older and required in pets older than 10 years of age. *Please note the cost is in addition to anesthesia/surgery charges. (\$51.00)*  
**ACCEPT DECLINED**
- If your pet is not already micro chipped (a permanent form of identification), now may be a good time to have it done. Although microchipping does not require anesthesia, it may be easier for some pets to have the chip implanted while asleep. *Please note the cost is in addition to anesthesia/surgery charges. (\$55.00 includes first year registration)*  
**ACCEPT DECLINED ALREADY PERFORMED**
- If your pet is undergoing a dental cleaning or is determined to have retained baby teeth at time of anesthesia, it may be determined that extractions are necessary. If an extraction is recommended every attempt will be made to contact you. In the event you cannot be contacted:  
**You approve extraction(s) and additional charges Decline extractions without verbal approval**
- Should unexpected life-saving emergency care be required and the hospital is unable to reach you, the staff of Country Friends **HAS \_\_\_\_\_ / DOES NOT HAVE \_\_\_\_\_** your permission to provide such treatment at additional cost to you.

I hereby authorize the veterinarians at Country Friends Veterinary Clinic to perform such diagnostic, treatment and/or surgical procedures as deemed necessary for my pet. The nature and risk of the procedure(s) have been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk and the potential for complications including death to such procedures. I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. All animals admitted **must be current on vaccinations and be free of external parasites.** Animals not in compliance with the above policy will be treated at owner's expense. Any estimate of charges or fees for presently planned procedure(s) is only a best approximation and the final bill may be greater or less than this amount. I have read the above conditions for treatment and acknowledge that I may have a copy of this form, if requested.

**All fees for services are due when patient is released.**

**Best number(s) to reach you today:** \_\_\_\_\_

**Owner/Agent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness (clinic staff):** \_\_\_\_\_ **Date:** \_\_\_\_\_