

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

Please be sure to fill out our form completely and legibly

Owner's Name: _____ Pet's Name: _____ Date: _____

Allergies: _____

Anesthetic/Surgical Procedure: _____

History:

Has your pet shown any signs of the following?

Vomiting? How Long? _____

Diarrhea? How Long? _____

Sneezing? How Long? _____

Lethargy? How Long? _____

Coughing? How Long? _____

YES NO

Has your pet eaten this morning?

Has your pet ever been anesthetized?

If yes, did your pet have any complications?

Has your pet been on any medications in the past 30 days? Please List: _____

If you have not already received an estimate;

would you like an estimate? Please check here

Last dose given: _____

Options:

- 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:** _____