



## Surgical Authorization

PATIENT: \_\_\_\_\_ OWNER: \_\_\_\_\_

PHONE NUMBER TODAY: \_\_\_\_\_

PROCEDURE(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please answer the following questions:**

**Yes No**

Is your pet allergic to any drugs? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_

Any history of seizures and/or previous anesthetic problems? \_\_\_\_\_

Current medications? \_\_\_\_\_

Is your pet in heat or pregnant\*? \_\_\_\_\_

*\*Please note if your pet is here for a spay and is pregnant or in heat as there is an additional charge.*

**Heartworm Testing (FOR DOGS ONLY):**

**What is the date of your dog's last heartworm test?** \_\_\_\_\_

**Is your dog currently receiving monthly heartworm prevention?** \_\_\_\_\_

(If your dog is not current on heartworm test/prevention or above information is not provided, a heartworm test will be performed for an additional \$49.34)

**Elective Procedures to be done at the same time of surgery: *Please check which apply.***

**Yes No**

- \_\_\_\_\_ Microchip Identification Implant
- \_\_\_\_\_ Ear Cleaning
- \_\_\_\_\_ Dentistry (Scale and Polish Teeth)
- \_\_\_\_\_ Fecal (Internal Parasite Screen)
- \_\_\_\_\_ Update Vaccines \_\_\_\_\_

**Blood work helps to identify potentially life-threatening conditions such as congenital liver or kidney disease, anemia, clotting disorders, low white blood cell counts, and other diseases that can complicate anesthesia or surgery and cause further harm or morbidity. Intravenous fluids are important in maintaining blood pressure under anesthesia, preserving kidney function, and IV catheters allow instant access in case of an emergency, such as cardiac arrest or a seizure.**

Your pet will be hospitalized for medial and/or surgical treatment. In many cases, a general anesthetic will be administered. I hereby certify that I am the owner, or the duly authorized agent of the owner, of the pet described above; that I do give the veterinarian full and complete authorization to perform the above procedures as are considered therapeutically and/or diagnostically necessary. I further understand that no guarantee of successful treatment is made. I have been made aware of and recognize that, in rare instances, there may be adverse drug responses, unusual sensitivity reactions, anesthetic or surgical risks involved in the care of my pet. I authorize West Chester Veterinary Center to employ any procedure in the event of a life threatening medical emergency deemed to be necessary by the Doctor and agree to pay for all treatments. If hospitalization overnight is required, I understand that my pet will not be continuously monitored through the night. I understand that if my animal is found to have fleas or other external parasites, these will be treated and these costs added to the above-described procedures. **I will assume financial responsibility for all charges incurred to the patient, and agree to pay all such charges at the time of release of such patient.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_