Farm & Family Veterinary Clinics

Hospitalization/Treatment/Anesthesia/Surgery Authorization Form

Client Name/ID: ____

Pet's Name/ID: ____________________________________ **Age:** ____________ **Weight:** ____________

Species: Canine or Feline **Sex:** M NM F SF

Please indicate procedure requesting & any additional services you wish to have preformed while here:

___ Ovariohysterectomy (Spay)	___ Castration (Neuter)	___ Declaw – Front / Rear / All Four
___ Exploratory/Lump Removal Surgery	___ Orthopedics (Bone) Surgery	___ Dental Cleaning/Extractions
___ Radiograph	___ Fluids	___ Toe Nail Trim
___ Anal Glands Expressed	___ Clean Ears	___ Microchip – Avid
___ Urinalysis	___ Fecal Exam	___ Dewormed
___ Sedate to Groom	___ Other Surgeries ______________________________	

___ Vaccination ____

____**Leukemia Virus/Feline Immunodeficiency Virus Test:** This test is for cats not vaccinated against either disease and for adult cats that have been exposed through fights. FIV in cats acts similarly to the AIDS virus in humans. If your cat tests negative, there is a vaccination available for Feline Leukemia.

____ **Heartworm Test:** This test is for parasites spread by mosquitoes that can live in your dog's heart causing health problems. In addition, this test detects four other tick-borne diseases, including Lyme disease. If your dog tests negative today, we recommend starting on a monthly heartworm preventative. There is a vaccination available to prevent Lyme disease.

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As owner, (agent of the owner, or Good Samaritan) **I authorize the performance of**, the above listed procedure(s), to be performed by the veterinarians at Farm & Family Veterinary Clinics under any anesthetic or sedation protocol deemed advisable and permission to perform such additional procedure(s) as may be held to be therapeutically necessary on the basis of findings in the course of the physical examination, Laboratory testing or operation. In order to keep your pet comfortable after surgery and during the recovery period, the veterinarian will select the best pain relief option for your pet.

The nature and purpose of the procedure, the possible alternative methods of treatments, the risk(s) involved and the possibility of complications are fully understood by me. No guarantee of assurance has been given by anyone as to the results that may be obtained.

Procedures requiring anesthesia are always associated with a certain amount of increased risk, whether the patient is a person or a pet. To reduce this risk as much as possible, we will do a physical exam prior to beginning any procedure requiring anesthesia. This will help alert us to any pre-existing health conditions that could lead to complications. Recommended additional tests are determined by your pet's age and overall health. Our laboratory can perform these tests today before we begin, to make anesthesia as safe as possible.

Pre-Surgical Blood Work: Includes chemistry and CBC blood tests. The chemistry test is used to measure the levels of various substances present in the blood. An abnormal level may indicate disorders of the liver, kidneys or blood. The CBC provides measurements of red and white blood cells and platelets. Knowledge of these conditions allows us to make anesthesia and/or surgery as safe as possible.

(Please initial) ______ I **DO** wish to have the additional testing that is recommended for my pet.

______ I **DO NOT** wish to have the additional testing performed and will not hold the clinic responsible for any complications that may arise.

As part of your pet's pre-surgical physical exam, he/she will be checked for fleas. If there is evidence of fleas (fleas or flea dirt), we, Farm & Family doctors and staff will treat your pet immediately for fleas to prevent them from spreading to other pets housed in the veterinary hospital. There will be a fee for this service. We at Farm & Family Veterinary Clinic recommend that you continue therapy for flea control at home.

I understand that the Farm & Family Veterinary Clinics is not staffed 24 hours a day and after hour treatment is at the discretion of the veterinarian on call.

I understand that I (owner/agent) am responsible for all professional fees including medication, flea eradication treatment, radiographs or additional medical treatment, and that they are payable at time of discharge. We accept Cash, Check, Debit and Credit Cards.

How will you be paying today? ☐ **Check** ☐ **Cash** ☐ **Credit/Debit Card**

Signed: ____ **Date:** ________________

Daytime Phone(s) Numbers (so owner(s) can be reached if questions arise): ____________________________

(3/19)
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