

**Patient
Label
Here**



Date: _____

Weight: _____

Procedure: _____

Authorization for Medical or Surgical Treatment

Your pet is scheduled for a procedure that requires anesthesia. Before placing your pet under anesthesia, a veterinarian will review your pet's medical history and perform a pre-anesthetic physical examination, including diagnostic testing to identify any existing medical conditions that could complicate the procedure and put your pet at risk.

Please sign and date below to authorize treatment. All surgical procedures do include risks with anesthesia.

Has your pet eaten this morning? Yes _____ No _____
Is your pet currently on any medications? Yes _____ No _____
If yes what meds, what dosage, when administered? _____
(Pain medication and Antibiotics will be sent home if medically necessary.)

Do you need an E-Collar? Yes _____ No _____

Extractions if medically necessary Yes _____ No _____
Digital dental X-Rays if medically necessary Yes _____ No _____

While under anesthesia it is an opportune time to do other procedures.

I.D. Chip (AKC Reunite)	\$84.00	Yes _____ No _____
Nail Trim	\$14.00	Yes _____ No _____
Ear Cleaning	\$15.00-\$52.00	Yes _____ No _____
Felv/Fiv Testing	\$67.00	Yes _____ No _____
Anal Sac Expressing	\$32.00	Yes _____ No _____

I authorize the veterinarians of Tara Animal Hospital to perform the above procedure and any treatment procedures deemed advisable or necessary for my pet. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of the surgery. Any medications and supplies purchased will be at an additional charge.

Owner Signature / Responsible

Date

Phone

Please leave a direct number to reach you from 9:00am- 12:00pm!

If we are unable to reach you at the contact number we will do what is medically necessary at owner's expense.