

University Pet Clinic
SURGICAL & TREATMENT AUTHORIZATION FORM

Owner: _____ Pet: _____

Date: _____ Phone #(s) client can be reached at: _____

➤ **Type of Surgery/Treatment requested:** _____

*** REQUIRED for all surgical cases:**

Total Protein test (*kidney function*) & Packed Cell Volume test (\$12.50) **this will not be charged if we already have sufficient blood test results.**

*** REQUIRED for all anesthesia cases (*upon the doctor's discretion*):**

Routine IV Catheterization & Fluid Therapy (for anesthesia cases) (\$62.85)

➤ **Any important information we should be aware of:** _____

_____.

ADDITIONAL SERVICES REQUESTED BY OWNER:

- Examination (\$39.00)
- Nail Trim (\$15.20)
- Heartworm Test (ask for Special pricing)
- Home Again Microchip & Registration fee (\$59.50)
- Ear Cleaning (\$31.50-\$51.50) (Typically: CATS = ear mites, wax DOGS = excessive wax, hair, dirt, infection)
- Pain Medication** (approx. \$15-\$30.00 depending on size of pet)
- Update Vaccines (\$14 each- Rattlesnake exempt)
- Fecal Exam/Test (\$25.00-\$35.20)
- Other _____
- Anal Glands expressed (\$18.80)

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- I understand that unforeseen conditions may be revealed that may require additional or alternative operations, procedures, diagnostic testing, or medications. Since it is not always possible for the veterinarian to call me during the surgery/treatment due to time restraints and safety factors using anesthesia or sedation, I authorize the performance of such operations or procedures as are necessary, and desirable in the exercise of the veterinarian's professional judgment. I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.
- **I understand that I am responsible for the additional costs of these procedures.**
- **I understand that payment in full is due at time of my pet's discharge home.**
- **I understand there will be a fee for my pet staying here for any amount of time.**
- **I have read and understand this authorization and consent.**
- **There will not be trained personnel on premises, to care for pets, after hours.**

Signature: _____ Date: _____