

University Pet Clinic

SURGICAL & TREATMENT AUTHORIZATION FORM

Owner Name: _____ Pet: _____

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



Type of Surgery/Treatment requested: _____

• **REQUIRED for all surgical cases:**

Total Protein test (*kidney function*) & Packed Cell Volume test

**** ask for current pricing **** This will not be charged if we already have sufficient blood test results.

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

Routine IV Catheterization & Fluid Therapy (for anesthesia cases)

**** FOR THE SAFETY OF OUR TEAM & YOUR PET, WE REQUIRE PROOF OF A CURRENT RABIES VACCINATION AT THE TIME YOUR PET IS ADMITTED. ****

If your pet's Rabies vaccine is past due OR proof cannot be provided at the time your pet is being admitted, we will provide an exam (\$22-\$45) and administer a Rabies vaccine (\$17).

I understand I am responsible for these expenses if needed.

Owner/Caregiver Initials: [user_input]



Any important information we should be aware of: _____

ADDITIONAL SERVICES REQUESTED BY OWNER: **ask us for current pricing**

- | | |
|---|---|
| <input type="radio"/> Examination | <input type="radio"/> Heartworm Test- dogs (<i>FREE Test with Purchase</i>) |
| <input type="radio"/> Update Vaccines | <input type="radio"/> Home Again Microchip |
| <input type="radio"/> Nail Trim | <input type="radio"/> Ear Cleaning |
| <input type="radio"/> Anal Glands Expressed | <input type="radio"/> Other _____ |
| <input type="radio"/> Fecal Sample Testing | |

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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 at University Pet Clinic for any amount of time.
 - I have read and understand this Authorization and I consent.
 - There will not be trained personnel on premises, to care for pets, after-hours.

Authorized Signature: _____ Date: _____