



Surgical Procedure Authorization Form

Please take time to review this sheet, and sign the authorization.

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operations(s):

Emergency Phone number(s) we can reach you today:

Explanation of Anesthesia:

Your pet is with HCH for a procedure that will require a sedative and/or anesthesia. **If this is your first visit with HCH there will be a charge for a full physical examination** for your pet to insure that there are no existing health problems that could possibly lead to complications during the procedure you have scheduled. We require a pre-anesthetic blood profile prior to anesthesia for the safety of your pet, this checks for an adequate number of red and white blood cells, platelets and checks proper function of the kidneys and liver which may not be evident during physical exam. (initial below)

My pet has had the pre-anesthetic blood testing performed within the past 30 days.

I understand if my pet has an enlarged tract during a Spay Procedure I will be charged \$30

Pain Control: Pain medication will be given to your pet as needed. Animals undergoing surgical procedures will generally receive pain medication each day while in the hospital and will usually be sent home with additional medication.

Sevoflourane Anesthesia: Sevoflo may be recommended for your pet at the discretion of your veterinarian. Sometimes this anesthetic is superior to other protocols, especially for older, debilitated animals. If this has been chosen by your veterinarian. There will be an additional charge to the anesthetic cost.

Explanation of Dental/extractions:

Many animals have diseased teeth from periodontal disease or from enamel erosions. These teeth are painful and should be extracted. Often we will not discover the damaged teeth until the dental exam is performed while your pet is under anesthesia. Sometimes radiographs (X-rays) will be necessary to determine is a tooth should be extracted.

Young animals often have retained baby teeth that must be removed to allow the permanent dentition to erupt properly. While your pet is here for spaying/neutering, we should remove any baby teeth that are present.

I authorize the extraction of damaged teeth and performance of any radiographs that are deemed necessary.

OR

I wish to be called with an estimate before any extractions are performed and will be readily available at the phone number I have left with you today.

AND/OR

I authorize the extraction of any deciduous (baby) teeth as necessary.

*I understand that if I cannot be reached, the extractions will not be performed and will necessitate a second procedure with anesthesia at a different time.



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Are there any other services you would like performed today?

Please initial to accept or decline for the following common services.

Accept Decline

- _____ _____ Please complete dental cleaning/treatment if indicated.
- _____ _____ Please complete a urinalysis. (Recommended if >6 yr)
- _____ _____ Please radiograph my pet's chest to detect possible heart/lung disease. (Recommended if >6yr)
- _____ _____ Please remove the indicated growths or tumors on my pet. (Indicate anatomic location)
- _____ _____ Please scan my pet, if no microchip is found, please permanently identify with a microchip.
- _____ _____ Please trim my pet's nails if indicated. (complimentary)
- _____ _____ Please clean my pet's ears if indicated.
- _____ _____ Please express my pet's anal glands.
- _____ _____ Please brush or clip out mats if indicated.

My pet has not had any food since last night. _____ (please initial).

In the event that my companion animal arrests while hospitalized at Hebron Cat Hospital, I authorize CPR code (please initial your choice):

	DNR	No resuscitation
	CPR	Normal CPR involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc

I am the owner/agent for described animal and I authorize and request the services listed on this form and discussed above. I have indicated any additional services I would like performed with my initials. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the natures of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

I have read and understand this authorization and consent.

Owner/Agent Signature: _____ **Date:** _____

Owner/Agent Name(please print): _____

Witness(HCH use only): _____