

Concordia Veterinary Clinic, P.C.
2 NE Tenth Street, PO Box 153, Concordia, MO 64020
660-463-2332

Hospitalization & Surgery Authorization

Owner's Name	Phone	Work Phone
--------------	-------	------------

Pet's name	Breed	Sex	Age
------------	-------	-----	-----

List procedure(s) to be performed: _____

Estimated cost of procedure(s): _____

For the safety of all patients in the clinic ward, all surgery patients must be current on **rabies and distemper/parvo vaccinations**. Proof of previous vaccinations, if done elsewhere, must be presented to the clinic. If proof of vaccinations cannot be confirmed by the time of patient's surgery, vaccinations will be administered at the owner's expense.

I want a Fecal Test performed for my pet Yes () No ()
Cost of Fecal Test is **\$11.50**

Pets entering the clinic who have external parasites (fleas and ticks) will be treated at the owner's expense.

Do you know of any allergic reactions or health problems your pet has? Yes () No ()
If yes, please explain. _____

Pre-Anesthetic Screen

Advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations such as kidney or liver abnormalities. Heartworm infestation is also a cause of anesthetic risk. To avoid these problems, we strongly recommend Pre-Anesthetic Blood Testing for all surgical cases prior to surgery.

I want a Heartworm Test performed for my dog that is over 8 months of age. Yes () No ()
Cost of a Heartworm Test is **\$34.00**.

I want a Pre-Anesthetic Blood Test performed for my pet. Yes () No ()
Cost of a Pre-Anesthetic Blood Test is **\$46.50** plus **\$6.00** blood draw fee.

OVER

In the event of **Cardiac Arrest** would you like CPR efforts performed on your pet?
such as Oxygen, Epinephrine, and Chest Compression? Yes () No ()
Estimated cost is **\$25.00 - \$60.00**

Pain Management Medication

While your pet will receive pre-surgical pain medication, current research shows that post-surgical pain can inhibit healing in both humans and animals. If you choose, we will administer pain suppressant medication as needed to aid in your pet's post-surgical recovery.

I want my pet to receive additional pain suppressant medication. Yes () No ()
Cost of pain suppressant medication is **\$9.00**.

While your pet is here, do you want us to perform:

Required Immunizations Yes () _____ Current ()
Nail Trim **\$12.50** Yes () No ()
Flea or Tick treatment (ask for price) Yes () No ()

Please list any additional treatments you would like to have done while your pet is here.
(Additional charges may apply.) _____

Payment

We do not allow charging on elective surgeries. How do you plan on paying for the services chosen above:
(Please circle your answer.)

Cash Check Credit Card Debit Card

I understand the Concordia Veterinary Clinic will use reasonable precautions to assure my animal's safety while it is in the clinic care, but I will not hold Concordia Veterinary Clinic responsible if my pet should injure itself, escape, fail to eat, become ill, or die. I absolve Concordia Veterinary Clinic and it's staff of all liability arising from the performance of procedures herein. I also authorize the clinic doctors and staff to provided veterinary services as requested.

I have reviewed the information and statements above and agree to these policies and procedures.

Signed _____ Date _____

Emergency Phone Number (s) / Cell Phone Number _____