



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

Surgery Authorization

OFFICE USE ONLY	
Weight _____	
Was pet fasted? Y / N	
List ANY meds given this AM: _____	
Vaccinations up to date? Y / N	
Date _____	
Pt. checked in by _____	

Surgical procedure planned: _____

Owner's Name: _____ Pet's Name: _____ Date _____

Name and Phone Number(s) of the decision maker who can be reached today: _____
Please list the phone number of the person who needs to be contacted regarding decisions for care and updates. It is imperative that we can reach this person in a timely manner while your pet is at the clinic today. Please have the phone listed above available and be free to talk if needed.

Do you know of any allergic reactions or pre-existing health problems your pet has? Please circle **YES** **NO**
 If yes, please explain. _____

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

Vaccinations:

For the safety of all patients in the clinic surgery ward,
 ALL DOGS must have verifiable current status of Rabies and Parvo/Distemper immunizations.
 ALL CATS must have verifiable current status of Rabies and Feline Distemper/Leukemia immunizations.
 *Immunizations that cannot be verified at the time of admission will be given to the pet at the owner's expense.

Pre-Anesthetic Screen

Advances in anesthesia have made routine procedures requiring anesthesia relatively safe, with a low rate of complications. Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. To provide the best level of care for your pet we perform blood work prior to anesthesia which helps to reduce your pet's risk under anesthesia. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations. There are risks inherent in the use of anesthetics which can include allergic reactions, disability, longer than normal recovery time, and death.

Cardiac Arrest: In the event of Cardiac Arrest would you like CPR performed on your pet? Please circle **YES** **NO**
 Efforts may include Oxygen, Epinephrine, and Chest Compression.
 Estimated cost is **\$25.00 - \$60.00**

Pain Suppressant:

Your pet will be sent home with oral pain medications at the veterinarian's discretion.

For optimal pain control, we also recommend:

Cold Laser Therapy: \$19.30 Please circle **YES** **NO**
 Injectable Simbadol for cats: \$22.70 per injection, once daily Please circle **YES** **NO**

Additional Services

While your pet is in the clinic, would you like any of the following additional services? If nothing is marked, you are declining these tests or services.

() Toe Nail Trim **COMPLIMENTARY** () Ear Cleaning **\$17.00** () Fecal Analysis **\$13.40**
 () Anal Glands **\$15.50** () Heartworm Test **\$13.00** () Feline Leukemia and Immunodeficiency Viruses Test **\$40.10**

Please list any additional treatments you would like to have done while your pet is here.

(Additional charges may apply.) _____

CONTINUED ON BACK

Microchip:

We can implant a microchip on your pet for an ID that cannot get lost. This simple procedure can be performed while your pet is here today.

Does your pet have a microchip?

Please circle **YES** **NO**

Would you like a microchip implanted today? **\$39.50**

Please circle **YES** **NO**

Please indicate your understanding and agreement by providing your initials before each statement below:

_____ I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian.

_____ The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.

_____ I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Concordia Veterinary Clinic provides high quality anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I understand that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Concordia Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise.

Payment for veterinary services is expected at the time services are provided or when the patient is released.

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above listed animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all charges when the animal is released from the clinic. 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 authorize Concordia Veterinary Clinic doctors and staff to perform procedures and absolve the clinic and it’s staff of all liability arising from the performance of procedures herein. I have reviewed the information and statements above and agree to these policies and procedures.

Signed _____

Date _____