

COMPANION ANIMAL HOSPITAL OF PLANO
AUTHORIZATION FOR MEDICAL and/or SURGICAL TREATMENT

Client Name

Patient Name

Date

- Neuter (if cryptorchid, additional charge) Declaw cat FRONT / ALL FOUR Tumor/growth removal
 Spay (if in heat, additional charge) Dental (extractions, additional charge) Annual Vaccinations
 Other _____

I hereby authorize and direct the Veterinarian(s) of *COMPANION ANIMAL HOSPITAL OF PLANO* to perform the above procedure(s) and any other diagnostic and/or treatment procedure(s) as deemed advisable or necessary for my pet. The nature of the procedure(s) and/or treatment(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedure(s) and/or treatment(s), including that of anesthesia. I have read and accept the above conditions of this hospital's authorization statement.

Signature of Owner or Authorized Agent

Contact Phone Number

DENTALS ONLY

- I authorize the Doctor to extract any teeth that in his best medical opinion require such surgery. Examples include "baby" teeth, abscessed teeth, fractured teeth with exposed roots and teeth with exposed gum line lesions.
- I want to be called BEFORE any extractions are performed on my pet. I realize that some teeth may fall out when the tartar that is holding them in place is removed.

Signature of Owner or Authorized Agent

PRE-ANESTHETIC BLOOD SCREENING (*please read carefully*)

Your pet is being admitted for anesthesia / surgery and will be given a full physical examination prior to any administration of anesthesia. However, in order to reduce the risk of problems during anesthesia, it is highly recommended that a pre-surgical blood profile be performed. This profile would help rule out any pre-existing internal problems that may not be evident during a physical examination, but could lead to anesthetic complications. We realize this increases the cost of the surgical procedure, but we feel it is important to offer the best health care for your pet. The latest in advances in technology has enabled us to run these tests accurately and within minutes at our hospital. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. ***As your veterinarian, I am pleased to be able to offer these tests, along with safe anesthetic medications, to make your pet's anesthesia and surgery safer and less traumatic.***

Animals 8 years and older MUST have some bloodwork performed prior to ANY anesthesia being performed.

- PROFILE #1 RECOMMENDED FOR HEALTHY PATIENTS UP TO 8 YEARS OF AGE Cost \$72**
Includes: Complete blood count (assesses anemia)
 Bun (kidney), Creatinine (kidney), ALP (liver), ALT (liver), Glucose (blood sugar), Total protein
- PROFILE #2 RECOMMENDED FOR ALL PATIENTS 8 YEARS AND OLDER Cost \$89**
Includes: All tests in profile #1 plus: Bilirubin (liver), Phosphorus (kidney), Calcium, Albumin
 Globulin (immune), Heartworm test (for dogs)

Please check one: PROFILE #1 PROFILE #2

CONSENT _____

Signature of Owner or Authorized Agent

I HAVE ELECTED TO DECLINE THE RECOMMENDED PRE-ANESTHETIC BLOODWORK AT THIS TIME AND REQUEST THAT YOU PROCEED WITH ANESTHESIA. I AM AWARE OF THE POTENTIAL RISKS INVOLVED AND ASSUME RESPONSIBILITY FOR ALL SUCH RISKS.

DECLINE _____

Signature of Owner or Authorized Agent