

AUTHORIZATION FOR SURGERY/HOSPITALIZATION

Date: _____ Client Name: _____ Pet: _____
 Phone #/Alt. Phone # _____ Time food removed _____
 (Where you can be reached today)

*****ALL PETS MUST BE CURRENT ON VACCINATIONS
 AND FREE OF EXTERNAL PARASITES*****

Any animal found to have fleas or ticks will be treated at the owner's expense.

As the owner or agent of the above animal, I hereby give my consent to Bluestem Animal Clinic to perform the following procedure(s).

1. _____
2. _____
3. _____
4. _____

Laser surgery helps reduce pain by sealing nerve endings in the tissue, helps reduce bleeding by sealing the small blood vessels, and helps reduce swelling by not crushing, tearing or bruising the tissue. For elective procedures, please choose to either accept or decline having laser surgery by checking the appropriate box. An additional fee will apply.

Laser Surgery	<input type="checkbox"/> Required <input type="checkbox"/> Accept <input type="checkbox"/> Decline
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Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend that all patients be screened prior to anesthesia by means of one of the following lab tests. Please choose **ONLY ONE** by checking the appropriate boxes. Please ask one of our staff members if you have any questions.

Complete Blood Count (CBC) & Full Profile* \$99.80 <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Complete Blood Count (CBC) & Mini-Profile \$75.40 <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Mini- Profile \$41.60 <input type="checkbox"/> Accept <input type="checkbox"/> Decline
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**Preferred*

While under anesthesia, Intravenous (IV) Fluids maintain blood flow and blood pressure to vital organs, speed recovery time from the anesthetic, and if surgical complications arise, we will already have access to the vein for the efficient and timely administration of medications. Please choose to either accept or decline the administration of IV Fluids by checking the appropriate box.

IV Fluids	\$39.65	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
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As the Owner / Agent of this pet, I have the authority to grant my consent and authorize the Doctors **to treat, perform diagnostic tests, anesthetize and/or operate** upon my pet. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Bluestem Animal Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and risks involved has been explained to me and I realize the results cannot be guaranteed. I have been given the opportunity to ask the veterinarian questions regarding the procedure(s) and all questions have been answered to my satisfaction. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all costs incurred regarding the animal.

Signature _____ Date _____