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Dental / Surgical Authorization Form

Owner's Last Name: _____ Pet's Name: _____ Procedure: _____

Pre-anesthetic blood screening is required within 14 days prior to all anesthetic procedures. This information helps determine whether additional precautions need to be taken or to postpone the procedure based on the preexisting conditions. In certain circumstances a condition may exist that is not evident on physical examination or blood screening, which could result in an anesthetic complication. Has your pet had **ANY** medication (over the counter/human/prescribed/etc) in the last 14 days or have any prior or current medical problems with anesthesia or seizures?

Estimate - any estimate of fees previously given is based only on basic age and weight of my pet. **PLEASE INITIAL ONE**

_____ (int) I **do not** require an estimate or I have already received an estimate and **do not** require an update. I understand and accept any/all additional fees that may occur based on my selections below and/or potential needs of my pet.

_____ (int) I would like an updated estimate of charges. **If we are unable to reach you**, I understand that this delay in communication/authorization to proceed may cause my pet's procedure to be **rescheduled** for a later date. I understand that I am responsible for any fees incurred up to that time.

Rabies, Heartworm, & FeLV/FIV - Rabies vaccinations are required by law. Heartworms and the diseases FeLV/FIV can cause anesthetic complications, therefore it is hospital policy that animals have a negative tests on file prior to undergoing anesthesia. **PLEASE INITIAL ONE**

_____ (int) My pet is current and I have provided proof of current dates.

_____ (int) My pet is not current on rabies vaccination, heartworm testing, and/or FeLV/FIV testing and I agree to the additional fees to update these.

IV Catheter - An IV catheter is placed for direct access to support blood pressure and facilitate emergency treatment if needed. **PLEASE INITIAL ONE**

_____ (int) If a catheter is unable to be placed I authorize LSAH to perform procedures regardless and understand that should an emergency arise a delay of treatment or administration of vital medications may occur.

_____ (int) If a catheter **cannot be placed I decline** the procedure. I understand that I am responsible for any fees incurred up to that time which may include pre anesthetic bloodwork, pre - surgical exam, or other items.

IN CASE OF EMERGENCY, the additional cost which I understand cannot be estimated/ calculated at this time. I assume all financial responsibility for these and understand that this cost is in **ADDITION** to any procedures I have elected done. **PLEASE INITIAL ONE**

_____ (int) I assume all financial responsibility for services and supplies used in an emergency during my pet's procedure.

_____ (int) If I cannot be reached on the provided number, I authorize LSAH to treat my pet but the emergency procedure costs should not exceed \$ _____.

Are there any other services below you would like performed today at an additional fee?

Accept: _____ (int) Decline: _____ (int) Pre-surgical Pain Injection: for pain control before oral meds are able to be given.

Accept: _____ (int) Decline: _____ (int) Oral Pain Management to go Home: recommended for the comfort of your pet.

Accept: _____ (int) Decline: _____ (int) Antibiotics: to aid in healing and post-surgical infection/complications.

Accept: _____ (int) Decline: _____ (int) Send my pet home with an e-collar to keep pet from licking/scratching surgical area.

Accept: _____ (int) Decline: _____ (int) Scan my pet, if no microchip is found, please insert a microchip.

Accept: _____ (int) Decline: _____ (int) Trim my pet's nails.

Accept: _____ (int) Decline: _____ (int) Clean my pet's ear.

Accept: _____ (int) Decline: _____ (int) Express my pet's anal sacs.

Extractions -Adult teeth (\$10 - \$45 per tooth depending on the tooth) Retained baby teeth (\$8 - \$10 per tooth) **PLEASE INITIAL ONE**

_____ (int) I accept the fees associated with the extraction of teeth during my pet's procedure.

_____ (int) I wish to be call during surgical procedure. If we are unable to reach you, I understand that my pet will be awakened and a second anesthesia and dental may need to be scheduled.

I can be reached at _____ today. I am the owner/agent for described animal and I authorize and request the services listed on this form and discussed above. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. I have indicated any additional services I would like performed with my initials or other mark.

Signature: _____ Date: _____