CLIENT ID # _____

SPAY NEUTER AUTHORIZATION

OWNER: _____ PATIENT: _____

SPECIES: _____ BREED: _____ AGE: _____ SEX: _____

TREATMENT/PROCEDURE: _____

PLEASE CHECK ANY ADDITIONAL SERVICE YOU WOULD LIKE PERFORMED.
ADDITIONAL FEES APPLY.

_____ CLEAN EARS
_____ TRIM NAILS AT NO CHARGE
_____ HEARTWORM TEST
_____ VACCINATE
_____ OTHER: _____
_____ EXPRESS ANAL GLANDS
_____ MICROCHIP
_____ LEUKEMIA/FIV TEST
_____ FECAL EXAM

These Surgical Recommendations Will Assist Your Pet's Recovery.

Intravenous Fluid Support decreases the risk of anesthesia for your pet. Drugs of anesthesia decrease blood pressure and fluid support provides ready means to maintain blood pressure in safe ranges. These drugs are also cleared through the kidneys so fluid support helps the patient recover more rapidly after anesthesia. In the unlikely event of a surgical or anesthetic complication, an IV catheter provides ready access to administer life saving medications quickly.

The cost of providing this safety net for your pet is **$42.04**, which is added to the surgical fee.

Please place your initials in the appropriate space. **Accept_____ Decline_____.**

Pain Medication – Short acting pain medications are given as part of our standard anesthesia protocols for all patients. However, surgical pain often returns after recovering from anesthesia. If you would like us to prescribe and administer additional pain medication to help your pet recover more quickly and with less discomfort, the additional charge will be **$_____.**

Please place your initials in the appropriate space. **Accept_____Decline_____.**

I do hereby authorize the doctors and staff of Twain Harte Veterinary Hospital to perform the procedures as discussed with the attending veterinarian. I understand that during the performance of said procedure(s) unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation and therefore a revision of the cost. I consent to and authorize the performance of such procedure(s) or operation as deemed necessary in the exercise of the veterinarian's professional judgment. This office will attempt to contact me regarding any major changes.

I have been advised to the nature of the procedure(s) or operation and the risks involved. I understand that payment is due when services are rendered unless prior arrangements have been made with the doctor.

All reasonable attempts will be made to reach you. If we cannot locate you or your agent, we reserve the right to use our professional judgment as to the appropriate treatment in the best interest of your pet.

PHONE NUMBER WHERE I CAN BE REACHED TODAY: _____

SIGNATURE: _____ ***DATE:*** _____