



Authorization and Consent for Hospitalization and/or Surgery

Client # _____ Client Name _____ Phone: _____
Patient# _____ Patient Name _____ Date _____

PRESENTING CONCERN:

- Appears Healthy (wellness, vaccinations, or elective surgery)
- Vomiting Blood in Stool Not Eating Freq/Unusual Urination Diarrhea Blood in Urine
- Lameness/Limping Coughing Unable to Urinate Eye Problem Lethargic/Depressed
- Difficulty Breathing Ear Problem Skin Bump, Growth, Tumor Bite Wound Pain
- Unusual/Abnormal Behavior Trauma/HBC
- Other _____

Details of Concern (i.e. left ear, right eye, growth on face, etc.) _____

Is this the first time this problem has occurred? YES NO

Duration of condition and current treatment: _____

I am the owner or agent for the animal described above and I have the authority to execute this consent. I hereby consent and authorize the veterinarian or veterinary staff to perform the following tests procedures or operations. _____ Initials

EXAMINATIONS & TESTING

Comprehensive Physical Exam

Radiology: Chest Abdomen Spine Leg(s) Hips Mouth or Head

Ultrasound: Chest Abdomen Other _____

I do understand that large areas of the body may be shaven when doing an ultrasound. _____-Initials

Laboratory Tests: CBC Chemistry Panel Electrolytes Thyroid Tests Heartworm Antigen Test ECG Blood Pressure FeLV/FIV test Urinalysis GI Lab panel Other: _____

SURGICAL SERVICES

Pet Has Not Had Food Or Water In The Last 12 Hours Time Last Ate: _____

Ovariohysterectomy (spay – female)

Castration (neuter – male)

Dental Scaling/Polishing, including ultrasonic scaling, sub gingival scraping, dental radiography, periodontal probing, fluoride treatment and Oravet application.

Dental Extractions as deemed necessary by the attending doctor

Feline Surgical Declaw Please specify: ___ Front Feet ___ Back Feet

Therapeutic Ear Cleaning

External Skin Lump or Tumor Excision: Location _____

Histopathology

Orthopedic (Bone or Joint) Surgery: _____

Ophthalmic (Eye) Surgery: _____

Home Again Microchip Implant

Mass/Tumor removal

Other: _____