

# HELMWOOD AND NORTH HARDIN VETERINARY CLINICS

## Authorization for Treatment

Owner's Name: <last-name>, <first-name> <number>      Date: <date>      Doctor: <appt-doctor>  
Address: <address>      Reminders:  
         <city>, <st> <zip>      <reminders>  
         <area> <phone>

Animal Name: <animal> Sex: <sex>  
ID: <id>      Breed: <breed>  
Date of Birth: <birthday>      Color: <color>  
Age: <age>      Weight: <weight>

### PROCEDURE TO BE PERFORMED TODAY: <appt-notes>

Are vaccinations current? (within the last 12 months)

	Yes	No	UPDATE TODAY		Yes	No	Update Today
<b>DOGS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CATS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When did your pet last eat/drink? \_\_\_\_\_

Yes No

- Is your pet allergic to any drugs? Name of drug \_\_\_\_\_
- Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_
- Does your pet have any history of seizures and/or previous anesthetic problems? \_\_\_\_\_
- Current medications \_\_\_\_\_

### **\*PRE-SURGICAL BLOOD SCREEN CONSENT/WAIVER**

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before anesthetizing your pet. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening. For these reason, we highly recommend pre-operative screening before sedating your pet. Please initial the appropriate options below: (Pre-surgical blood screen required on all pets seven years of age or older.)

\_\_\_\_\_ I DO \_\_\_\_\_ DO NOT authorize the recommended Pre-surgical Blood Screen at a cost of \$ 102.00. I understand and assume all responsibility for additional risks/complication resulting from refusal to approve this blood screening for my pet's safety.

### **\*Laser Surgery Consent/Waiver**

As a part of our commitment to quality care, we are please to offer laser surgery as a safe and comfortable treatment option, to better serve you and your pet. We feel that laser surgery, with all its benefits, provides the best possible care for your pet.

*Less Pain* – The laser seals nerve endings as it “cuts”, so your pet may require less anesthesia during operation, also reducing pain after surgery. This is especially true for de-claw surgeries in cats.

*Less Bleeding* – The laser seals small blood vessels during surgery, greatly reducing blood loss. This is very noticeable during more complex surgeries such as spays and mass removals.

*Less Swelling* – Laser energy does not tear or bruise the tissue, because there is no physical contact with the tissue and subsequently animals recover quicker, which equates into shorter hospital stays.

\_\_\_\_\_ I DO \_\_\_\_\_ DO NOT authorize Laser Surgery \*\*\*Laser is NOT optional for feline 4 foot declaws

### **OTHER ELECTIVE PROCEDURE TO BE DONE AT THE SAME TIME: Please INITIAL below**

Yes	No	Yes	No
_____	_____	_____	_____
	<b>Pain injection</b>		<b>Removal of wart or skin growth</b>
_____	<b>E-collar</b>	_____	<b>Dismissal Pain Medication</b>
_____	<b>Microchip Identification</b>	_____	<b>IV Fluids</b>

### **Dental Procedures**

We may identify additional problems during the dental procedure that could not be identified beforehand, such as broken or abscessed teeth, bone loss, deep pocketing, etc. These problems are best dealt with while your pet is under anesthesia. Please indicate how you would like for us to proceed if extractions or additional procedures are warranted:

\_\_\_\_\_ **Extract Teeth as Necessary**  
\_\_\_\_\_ **Dental radiographs**

\_\_\_\_\_ I **do not authorize** the veterinarian to proceed with additional treatment without my consent. I understand if I am unable to be reached by phone, my pet will be recovered from anesthesia and an additional anesthetic procedure will be needed to correct the problem, which will be at an additional cost.

\_\_\_\_\_ I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed by Helmwood Veterinary Clinic. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

\_\_\_\_\_ I have been advised as to the nature of this procedure to be performed and the risks involved. No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian. The veterinarian has provided me the opportunity to ask questions and receive answers regarding the procedure. This risk includes serious bodily injury or death. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

\_\_\_\_\_ I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand **payment is due at the time my pet is released from the hospital.** I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital.)

\_\_\_\_\_ In the event of an unforeseen emergency, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

\_\_\_\_\_ Please **proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

\_\_\_\_\_ Please **do not proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

I have read and understand the information printed above.

\_\_\_\_\_  
**Signature of Owner/Agent**

\_\_\_\_\_  
**Date**

**Contact #** \_\_\_\_\_

**Alternate contact name/number** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**