

METZLER VETERINARY HOSPITAL

Surgical Authorization

Date: _____

Client Name: _____ Pet: _____ Age: _____ Sex: _____ Wt: _____

Phone number: _____

Although any anesthesia has some risks, recent advances in anesthetic procedures, drugs, and monitoring equipment have greatly decreased those risks to your pet. We require a blood screen prior to anesthesia to assess the patient's health and determine their level of risk. This blood test will assess the function of the major organs as well as determine blood counts that may indicate infection, dehydration or anemia. Additional bloodwork, fluid therapy, radiographs, or pain management may be performed based on your pets health status. You will be notified by the doctor if any additional services are indicated and the cost involved.

All patients admitted to our hospital must be clean and free of fleas, otherwise a Capstar (flea control) will be given orally and the patient will be bathed at the owners cost.

Signature required*

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby authorize Metzler Veterinary Hospital to anesthetize and perform surgical and/or dental procedures that are, in their opinion, necessary and advisable treatment for the maintenance of my pet's health and wellbeing. The nature of such services has been described to me to my satisfaction, and while I expect all procedures to be done to the best of the ability of the professional staff. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize Dr Metzler and his staff to provide emergency services should they be necessary for the well being of my pet.

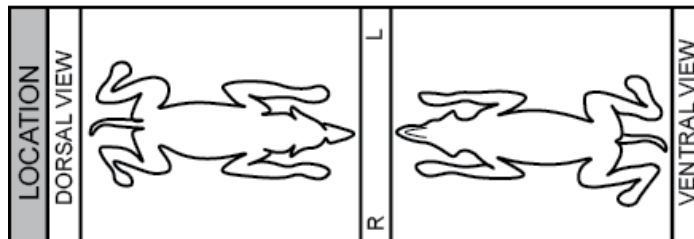
I understand that I assume all financial responsibility and that payment is due upon completion of service(s).

Owner/Agent Signature: _____ Date: _____

Emergency Contact Person: _____ Phone: ____/____/____

Admitting Technician Initials(____)

- Procedure(s) to be performed today: _____
 Blood Work: Required Done IV Catheter Yes No Other: _____
 Deciduous Teeth Yes No Extractions Authorized Yes No Call# _____
- Current vaccine history Yes No (K-9)RV, DA2PPLV, Bordetella, Heartworm, Fecal (Feline) RV, FVRCP, Fecal
- Has your pet had anything to eat/drink within the last 10 hours? Yes No
 Current diet fed if requiring hospitalization _____ amt: _____
- Is there any history of seizures? Yes No If yes, explain _____
- Has your pet had any previous anesthetic problems?[Yes No
 If yes please explain: _____
- Is your pet allergic to any medications or vaccines? Yes No
 If yes please explain: _____
- Is your pet currently on any medications? Yes No
 If yes please explain: _____
- Would you like your pet to be permanently identified by a microchip?
 Yes No Has Microchip Scan Number on File
- Nail Trim-complimentary? Yes No
 Estimate Requested? Yes No E-collar Requested? Yes No



Patient Name: _____ Folder #: _____

DVM: _____