

# Suncoast Veterinary Clinic

## Authorization For Professional Services

The following information is necessary in order that we might serve you better. Please fill out the form completely.

DATE \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX/AGE: \_\_\_\_\_

**We must have a phone number where someone can be reached while your pet is in the clinic. Telephone number: \_\_\_\_\_**

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s) \_\_\_\_\_

The nature of such service has been explained to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

Anesthesia carries some risk, even though it may be small. Therefore, blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before the anesthesia that these organs are functioning well. **Blood work helps us make this determination and is required for all pets 3 years or older.**

I accept /  I decline the Pre-Anesthesia Lab Work \_\_\_\_\_ (Cost for blood profile: \$ \_\_\_\_\_)

**I have been informed and am fully aware of the risks of my pet going under anesthesia.**

**MICROCHIP** - This is recommended as a permanent identification for your pet. (\$ \_\_\_\_\_).

I would /  I would not like to have this service.

Animals, like humans, experience pain with any surgical procedure. Therefore we recommend that you consider additional pain supplementation.

**PAIN MANAGEMENT** I authorize the following for my pet:

YES \_\_\_\_\_ Metacam (\$ \_\_\_\_\_) CATS.

YES \_\_\_\_\_ Rimadyl Pain pack home (\$ \_\_\_\_\_) DOGS.

NO \_\_\_\_\_ I do not authorize any pain medications for my pet.

If your pet is in heat or pregnant, there will be an additional charge to spay your animal. (Add'l cost being \$ \_\_\_\_\_).

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of my pet's discharge from the hospital. Any medications and supplies purchased will be at an additional charge.

SIGNATURE of OWNER or AGENT \_\_\_\_\_ Date: \_\_\_\_\_

CHECKED in by: \_\_\_\_\_