

## EXOTIC SURGERY AUTHORIZATION

The information requested tells us the things that you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank You.

WHAT TYPE OF SURGICAL PROCEDURE IS YOUR PET HERE FOR TODAY.

\_\_\_\_\_ Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Insert Datamars I.D. Chip

\_\_\_\_\_ Growth Removal. If so, where? \_\_\_\_\_ Biopsy? Yes No Initials \_\_\_\_\_

\_\_\_\_\_ Other procedure not listed, please describe \_\_\_\_\_

Do you want Pre-Surgery bloodwork to be done on your pet? Yes No Initials \_\_\_\_\_ - \$88.00

Circle any additional services you want done for your pet today.

\_\_\_\_\_

Rabies Vacc

Toe nail trim

Urine Analysis

Stool Sample Check

X-Rays

Other: \_\_\_\_\_

\_\_\_\_\_

PAIN MEDICINE WILL BE PROVIDED TO YOUR PET IF FELT NECESSARY.

FLEA PREVENTION WILL BE GIVEN IF NEEDED, TO PREVENT HOSPITAL INFESTATION.

I am the owner (or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of diagnosis, treatment, surgery or other procedures, as specified by this release, and approve the use of whatever anesthetics you deem advisable for the well-being of the animal. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die. I absolve you of all liability arising from the performance of procedures requested herein.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number where you can be reached TODAY \_\_\_\_\_