

Authorization Form

Client's name _____ Pet's name _____

Breed _____ Pet's age _____ Pet's sex _____

Are your pet's vaccinations current? _____

Last time your pet ate anything _____

As owner (or agent for the owner) of the pet described above, I authorize Parkside Animal Hospital to perform the procedures listed below. I understand that all procedures will be performed to the best of the staff's abilities, and I realize that the hospital makes no guarantee or warranty regarding results or outcome. I also authorize, **in case of an emergency**, any diagnostics, procedures or treatment necessary. If my pet should injure itself, escape, become ill or die, I will not hold Parkside Animal Hospital and its staff responsible. The hospital will use reasonable precautions to ensure my pet's safety, and I agree to pay in full when services are rendered.

We may need to contact you to discuss procedures or complications regarding your pet. Therefore, it is very important that you leave phone numbers where you may be contacted while your pet is at Parkside Animal Hospital. Please choose one of the following options:

You do not need to contact me; Do whatever is necessary for my pet.

Please call me at the phone number below if additional treatments or procedures are necessary. If I cannot be reached by phone, then

Do whatever is necessary

Do only what I have authorized. I understand further procedures may require additional anesthesia or that failing to do recommended treatment or procedures may compromise diagnosis or outcome.

Phone numbers where I may be reached today:

Home _____ Cell _____ Work _____

I give my consent to Parkside Animal Hospital to perform the following procedures:

Procedure(list all procedures the client has approved from their treatment plan) _____

Pain Medication

The Doctors and staff of Parkside Animal Hospital practice comprehensive pain management for the comfort and well being of your pet. All surgeries include injectable pain medicine after surgery and pain medication to be taken home after surgery.

Pre-Anesthetic testing (see treatment plan for cost)

Like you, our greatest concern is the well being of your pet. Advances in anesthesia and surgery have made procedures safer, with a low rate of complications. Before administering anesthesia to your pet, an examination will be performed. However, many conditions including disorders of the liver, kidneys or blood cannot be detected unless bloodwork is performed. For this reason, we strongly recommend blood screening before all anesthetic and surgical procedures.

Pets 0-6 years (with no know ongoing or chronic conditions): complete blood count, total protein, glucose, blood urea nitrogen and creatinine (kidney enzymes), ALT & ALP (liver enzymes)

Pets 7 years and older (or those with medical problems): Complete blood count, chemistry profile, thyroid test and urinalysis. This more complete profile needs to be done at least 1 day prior to your pet(s) scheduled procedure.

Please initial:

I approve lab work

I decline lab work

Laser Surgery

We have the option of using a surgical laser for surgery. The benefits include less pain, bleeding, and swelling. This can lead to an easier recovery for your pet. Additional cost for laser surgery ranges from \$25-\$100, depending on the nature of the surgery. Your pet's supplemental laser fee would be _____.

Yes, I would like my pet's surgery to include the use of the laser

I agree to the Laser at Doctors discretion

No, I do not want my pet's surgery to include use of the laser.

Please check any additional procedures you would like to be performed while your pet is here under anesthesia

Dental work (clean & polish teeth, dental x-rays at the Doctors discretion and any additional dental problems encountered (ask for treatment plan)

Ora Vet Application with Home Kit

Please initial any additional procedure you would like to be performed while your pet is here:

Trim nails

Ear cleaning, diagnose/treat infection (ask for treatment plan)

Express anal sacs

Microchip implantation

Other _____

Annual Exam and associated Vaccines and Treatments

Exam

FVRCP

RV/Feline Rabies

Young Wellness Bloodwork

Fecal

FeLv/FIV Test

Senior Bloodwork

Lepto (initial)

DHP

Deworming

FeLv

Heartworm Test

Lepto (booster)

Bordetella

Flea Treatment - Advantage, Frontline Plus

Heartworm Prevention

Heartguard, Sentinel, Interceptor, Revolution

Other _____

I am the owner/agent of my pet and have authority to approve all services and procedures checked on this form. By signing this agreement I understand that payment is due when services are rendered. A 50% deposit of all surgeries and medical procedures will be collected up front and balance is due when services are rendered. I also understand the Treatment Plan includes an estimate of all charges associated with my pets care and those charges may change depending on changes to the treatment plan. All of my questions have been answered to my satisfaction regarding all services and procedures and their costs.

Owner signature _____ Date _____

Admitted by Parkside Animal Hospital staff member _____