

Carnegy Animal Hospital

Client #	

Hospitalization and/or Surgery Authorization

Owner's Name:		_Pet's Name:		Time of last: —— Meal:
Mailing Address		Species:		
		Breed:		Treat:
Today's Phone Numbers:	1.	Sex:		Medication (note)
You Can Text me at:	2	DOB:		
I am the owner (or agent of consent. I authorize and reconsert, or other procedures anesthetics you deem advis Authorized Procedures: _	quest you to hospitalize s, as specified by this re able for the well-being o	this animal; for the elease, and approve of the animal.	e purpose of diagnosis, e the use of the approp	treatment,
Advances in anesthesia and complications. On occasion during routine physical pre-sprecaution to assure the ani injure itself, escape, fail to eprocedures deemed necess all liability arising from the procedure.	i, unforeseen complications. I mai's safety while it is in at, become ill, or die. Fu ary and desirable in the erformance of the proces if you cannot be reach	ions can arise, due I understand that y in your care, but I wurther, in case of eleveterinarian's profedures requested the while your persons in the control of the control	to pre-existing condition will use every reasowill not hold you responsionergency, I consent to fessional judgment. I altherein.	ons not evident onable sible should it any bsolve you of
perform any procedure the need for additional treatme			nission form. This ma	y lead to the
Please treat my pet as responsible for any assoc Do not make any majo	iated costs.			be
Flea control is very import fleas, it will be treated with Advantage©. In this man animals and we can ende	h either Capstar© ora iner we can ensure th	al medication or a le transmission o	topical application s f parasites is prevent	uch as
I have read and underst	and this authorization	on and consent.		
Signature of Owner/Age	ent		Date	
ANY AREAS OF CONCERI	N TO NOTE:			

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PRE-SURGICAL/ANESTHETIC BLOOD SCREEN

Like you, we are concerned for the well being of your pet. Before putting your pet under anesthesia, the veterinarian will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. Such tests are especially important before a surgery procedure. These test results do not confirm if the animal is allergic to anesthetic.

If the doctor has not already recommended this pre-surgical workup to assess the condition of your pet's ability to undergo anesthesia and surgery/dentistry, you may request these tests by checking the av ab

appropriate box below. Our hospital laboratory is equipped to perform these tests, and the results are available to the doctor before anesthetic is administered. Should there be any indication that an abnormality exists, the doctor will contact you before proceeding with surgery.	
 YES, I want my pet to have a pre-surgical blood profile \$ NO, I do not want a pre-surgical blood profile 	
If the workup is declined, I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup.	/
PAIN CONTROL	
We share your concern for prevention of pain and suffering in your pet. We usually administer an injectab pain medication upon recovery from anesthesia and while hospitalized. For certain surgical procedures, we will dispense home pain management as well.	
OTHER SERVICES (optional)	
While your pet is under anesthesia, we can perform many convenient procedures. Please check any that you wish performed:	
$ ightharpoonup$ Nail trim (complimentary, no charge) YES \square NO \square	
Microchip – Permanent identification is an excellent way to identify your pet in case of loss or theff A chip, the size of a grain of rice, can be inserted under the skin, between the shoulder blades and is inserted much the same as a vaccine. We will provide you with the microchip number and recommend you register at www.24PETWATCH.com right away. Once registered, you will be able to update your information such as change of address, emergency contact numbers, etc. All recognized shelters (including animal control) and veterinarians have the ability to scan these microchips. YES □ NO □	k
EXTRA SERVICES	
 Should your pet be cryptorchid (retaining one testicle), may we continue with the neuter procedure the added cost would be \$45 -\$100 depending on the location of the retained testicle. YES \(\subseteq \) NO \(\subseteq \) 	; ,
Should your pet have retained deciduous teeth (baby teeth that are not going to fall out on their own), may we remove them? The added cost would be \$50.	

I agree to pay in full for services performed including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that all fees are due either in advance of service or before my pet is released into my custody.

Signature of Owner/Agent

YES | NO |