

Naperville Animal Hospital
 1023 E. Ogden Avenue • Naperville, IL 60563
(630) 355-5300 • (630) 355-5391
SURGICAL AUTHORIZATION

I hereby authorize Naperville Animal Hospital to perform these following procedures, operations, placement of an intravenous catheter and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgement of the veterinarian. Dental extractions deemed necessary by the attending veterinarian may be part of dental prophylaxis. I am aware of and have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

VACCINATIONS REQUIRED FOR SURGICAL PATIENT

Canine- Rabies, DHLPPC, Bordetella and a fecal Feline- Rabies, FVRCP, Bordetella and a fecal

Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline surgical procedures on any animal that is not current (within last 12 months) on vaccines. **NO EXCEPTIONS.**

PRE-SURGICAL BLOOD ANALYSIS

Routine pre-surgical analysis of blood has been a procedure in human medicine for many years. As veterinary medicine has advanced, now we have the capability to properly evaluate your pet's health. This blood analysis also can help to evaluate your pet's ability to utilize and metabolize drugs and anesthetics. The detection of underlying problems before surgery is even more important since our patients cannot always tell us how they feel.

The tests we recommend evaluate the major organ functions and other common problems at a particular stage of life. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk. They do not guarantee results or a cure.

RECOMMENDED TESTS

<u>Less than 5 years</u>	<u>5 – 8 years</u>	<u>Over 8 years</u>
PCV (anemia)	PCV (anemia)	PCV (anemia)
BUN (kidney)	BUN (kidney)	BUN (kidney)
Glucose (diabetes)	Glucose (diabetes)	Glucose (diabetes)
ALT (liver)	ALT (liver)	ALT (liver)
	Total Protein	Alk. Phos. (liver)
		Total Protein
(Cost \$59.00)	(Cost \$78.00)	(Cost \$84.00)

PROCEDURE: _____

- _____ **I DO / DO NOT** authorize these **blood tests** for my pet
- _____ **I DO/DO NOT** want my animal's procedure done with a laser (\$145.00)

OTHER PROCEDURES EASILY ACCOMPLISHED UNDER ANESTHETIC

- _____ **I DO / DO NOT** authorize implantation of the **HomeAgain Microchip** (\$64.00)
- _____ **I DO / DO NOT** authorize a **nail trim** to be done under anesthesia (\$16.00)
- _____ **I DO /DO NOT** want **pain medication** to go home with pet (\$19 - \$22)
- _____ **I DO/DO NOT** want a **histopathology** done (\$83.00)
- _____ **I DO/DO NOT** want an e-collar sent home with my pet (\$16)

I have read and understand this authorization and consent form.

Signature of Owner or Agent

Date

Cell Phone

Work Phone

Home Phone

Alternate Phone