

Client:  
Patient:

## Authorization Form ~ Canine/Feline

The animal described above is here for the following procedure(s):

SPAY

NEUTER

Other:

Mass Removal

Histopathology  Accept  Decline

### Pre-Anesthetic History (to be completed the morning of procedure)

My pet last ate:  < 12 hours ago  > 12 hours ago

My pet is currently on the following medications:  None  List:  
Last given:

### Pre-Anesthetic Blood Panel

I hereby

Accept pre-anesthetic blood panel

Decline pre-anesthetic blood panel

Testing was done previously on:

### Microchip Placement/Registration

I hereby

Accept microchip placement

My pet already has a microchip

Decline microchip placement

### Post-Operative Incision Protection

I hereby

Accept Elizabethan Collar

Decline Post-Operative Incision Protection

Accept Medical Pet Shirt

I am the owner/agent for the owner of the above animal and have the authority to execute the consent. I hereby authorize the performance of the above-described procedure the veterinarian has recommended. In addition, I authorize the use of appropriate anesthetics and other medications and understand that hospital personnel will be employed as deemed necessary by the veterinarian. Finally, I agree to pay all charges incurred when the animal is released from the

Contact Number(s):

Home: (920) 751-8522

Work: (920) 968-3322 ext:

Cell: (920) 209-0029

Other:

Signature of Owner/Agent:

Print Name:

Date: 01/25/2024

Check-in technician:

Discharge Time Scheduled: