

Lakes Veterinary Hospital

602 S Olaf Ave
Battle Lake, MN 56515
218-864-5695

Client's name _____
Date _____

PROCEDURAL AUTHORIZATION

Like you, our greatest concern is the well-being of your pet. To help us better care for (pets name) _____ we would like your authorization to perform the following procedure(s) as explained to you.

Procedure(s) _____

If additional treatment becomes necessary please contact me at _____

If I can not be reached at the above telephone number(s) the doctors and/or staff of Lakes Veterinary Hospital will perform such treatment as they judge necessary, at the owners expense, for the well-being of my pet and then contact me as soon as possible. _____(initials)

Histopathology (if applicable) YES NO

Any history of seizures? YES NO

Any change in health history? YES NO

Current medications: none

For surgery and some procedures, anesthesia is necessary. Before putting your pet under anesthesia, we 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. For the safety of your pet and for possible early detection of disease, we recommend the following:

A) We strongly recc. a pre anesthetic blood panel (CBC, electrolytes, and 10 chemistry panel) **\$59.50** YES NO

B) Additionally if running panel A we can also check for early kidney disease (SDMA) **\$20.00** YES NO

C) For cats we also recommend Feline Leukemia/FIV testing. If declined and complications develop due to the cat being positive for feline leukemia/FIV Lakes Veterinary Hospital is not liable. **\$38.50** YES NO

Complimentary Nail Trim YES NO Microchip YES NO **\$30.00**

If your pet becomes anxious or has difficulty while coming out of anesthesia we will give an injection, at the owners expense, to help them. The cost would be \$5.00. _____(initials)

We strongly recommend a 24hr injection for pain - cost will vary with size YES NO

We strongly recommend take home pain medication - (5 day dogs/ 3 day cats) \$12-\$19 YES NO

Pain injection and medication home are required for all mass removals and dental extractions

I will call the hospital between 1-2 PM to find out when my pet can go home (218)-864-5695.
Normal pick up time is between 3:00PM and 4:00PM. To allow time for discharge instructions/questions latest pick up is 4:45pm

Please call me when my pet is ready to go home at : _____

Other:

The animal listed above must be current on rabies vaccination. If not, one will be given at owners expense.

The above listed procedure(s), as well as the reasons for doing them and that there are risks involved (sore throat, coughing, vomiting, stroke, seizure, embolism, anaphylaxis to anaesthetic agents, possibly death), have been explained to my satisfaction. I understand that no guarantee of successful treatment can be made.

******I assume full financial responsibility for all charges incurred for my pet and agree to pay all such charges at the time of release of my pet. _____(initials)***

***Signature of owner or agent _____ (must be 18 or over)

***Dental Information sheet given and consented to _____ (initials)