



READ ENTIRE FORM CAREFULLY BEFORE SIGNING. A CURRENT RABIES VACCINATION IS REQUIRED FOR YOUR PET TO REMAIN IN OUR FACILITY. IF YOUR PET IS NOT CURRENT, A VACCINE WILL BE ADMINISTERED AT YOUR COST.

Client Name: _____ Date: _____

Patient Name: _____

I GIVE DR. DEBORA DRAKE AND/OR HER ASSOCIATES PERMISSION TO PERFORM THE FOLLOWING PROCEDURE(S) ON MY PET (INITIAL ALL THAT APPLY):

Tumor Removal _____
Spay/Neuter _____ Dentistry _____ (Please indicate location of growths) _____

Other Surgical Procedure _____

The nature of such service has been described to me to my satisfaction. _____ (Initial)
I realize that no guarantee or warranty can be made regarding the results. _____ (Initial)

I AUTHORIZE A PRE-ANESTHETIC BLOOD SCREENING (CHOOSE ONLY ONE, IF ANY):

PAP- basic screen: 6 chemistry tests, PCV, electrolytes: performed in house before surgery YES _____ NO _____

GHP- general screen: 12 chemistry tests, PCV, electrolytes: performed in house before surgery YES _____ NO _____

I WANT IV FLUIDS FOR MY PET'S SURGICAL PROCEDURE TODAY. (Initial one) YES _____ NO _____
(IV fluids provide an open blood line in case of emergency and help to support blood pressure while under anesthesia.)

I AUTHORIZE THE FOLLOWING ADDITIONAL PROCEDURES (Initial):

Vaccinations (K9/Feline) _____ Ear Flush _____ Nail Trim _____ (no charge under anesthesia)

Other _____

I UNDERSTAND THAT ANESTHESIA CARRIES SOME RISK, EVEN THOUGH IT MAY BE SMALL. _____ (Initial)

PLEASE NOTE: Blood testing is recommended before general anesthesia, especially in pets 8 years or older. The anesthetic agent is removed from the body by the liver and kidneys, therefore it is important to know before anesthesia that these organs are functioning properly. Bloodwork helps to assure that your pet will recover normally from the anesthetic. It is also recommended that all pets undergoing anesthesia be current on vaccines; dogs tested negative for heartworms and be on heartworm preventative; cats tested negative for Feline Leukemia and Feline Immunodeficiency Virus.

DID YOUR PET EAT THIS MORNING? (Initial One) YES _____ NO _____

IS YOUR PET CURRENTLY ON ANY MEDICATION? (Initial one) YES _____ NO _____ IF YES, PLEASE LIST ALL MEDICATIONS THAT YOUR PET IS CURRENTLY ON & WHEN THE LAST DOSE WAS GIVEN:

MY PET IS ALLERGIC TO THE FOLLOWING DRUGS _____ NONE KNOWN _____

IS YOUR PET CURRENT ON VACCINATIONS? YES _____ NO _____

(Dog) IS YOUR DOG ON HEARTWORM PREVENTATIVE? YES _____ NO _____ If yes, brand & date last dose was given: _____

(Cat) HAS YOUR CAT BEEN TESTED NEGATIVE FOR FELINE LEUKEMIA/FIV? YES _____ NO _____

I UNDERSTAND THAT I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED, AND THAT I AM REQUIRED TO PAY AT THE TIME THOSE SERVICES ARE PERFORMED.

I understand that if Southpaw cannot reach me at any of the phone numbers provided, I am authorizing the doctor to provide treatment or procedures that she/he feels necessary for the health of my pet.

EMERGENCY CONTACT NUMBER(S) _____;

NAME (Print): _____ DATE: _____

SIGNATURE: _____ (Your signature indicates that you understand and comply with all that is contained on this form)