

Surgery and Anesthetic Authorization and Release Form (1/13)

| | | |
|---|--|--|
| Date | Owner's Name: | Pet's Name: |
| Procedure(s) being performed: | | Due to new state legislation, we cannot dispense certain medications without your birth date. Your date of birth: |
| History | | |
| Has your pet's health changed since his/her last exam? <input type="checkbox"/> Yes <input type="checkbox"/> No | | When did your pet last eat? |
| What (if any) medications or supplements have been given to your pet recently? | | |
| Have there been any adverse reactions to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain: | | |
| Has your pet ever had anesthesia prior to today? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please list any other medical conditions or concerns: | | |
| <p>To ensure the safety of your pet's surgical procedure, we will perform one of the following blood panels based on your pet's age. This bloodwork is required for all surgeries and has been included in your estimate.</p> <p>Pets <5 years: Surgical Preoperative Panel: \$61.60 Pets 5 yrs and older: Surgical comprehensive panel \$118.10</p> | | |
| Optional Services (please check or initial selections) | | |
| Preoperative EKG. (\$109.50) _____ | Coagulation Testing. This bloodwork tests if your pet's blood can clot correctly. (\$43.50) _____ | |
| Nail trim (complimentary) _____ | HomeAgain Microchip and Activation. (\$57.50) _____ | |
| Heartworm/Anaplasma/Ehrlichia/Lyme test. (Canines only, \$55) _____ | Feline Leukemia and Feline Immunodeficiency Virus test. (Felines only, \$53) _____ | |
| Histopathology. (For mass removals only, \$149.50) _____ | Urinalysis. (\$33.50, additional \$22 if cystocentesis is needed to obtain sample) _____ | |
| Emergency Intervention | | |
| <p>If life-threatening complications occur, we will stabilize your pet and contact you as soon as we are able. In the event of an emergency, I select</p> <p><input type="checkbox"/> Red Code. Please offer no life saving interventions or drug therapies.</p> <p><input type="checkbox"/> Green Code. Begin life saving interventions, including CPR and drug administrations as deemed necessary by the veterinarian. I agree to assume financial responsibility for all emergency services rendered.</p> | | |
| Consent and Authorization Statements | | |
| <p>Vaccinations. All in-patients are required to be current on vaccinations. Vaccinations can be updated on the day of the procedure. If there has been a wellness exam performed in the last 12 months, there will be no examination charge. If not, one will be charged at the cost of \$41.</p> <p>Consent and Authorization. I understand that the above anesthetic, surgical, diagnostic and/or therapeutic procedures may involve risk of complications, injury or even death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure.</p> <p>Your signature below constitutes your acknowledgement that (1) you have read and agreed to the above, (2) the procedure(s) have been explained to you to your satisfaction and you have read all the information that you desire, (3) you have had the chance to ask questions and (4) you authorize and consent to the performance of procedure(s) and administration of anesthesia.</p> | | |
| Signature: | | Print Name: |
| Telephone Number to contact you at today: | | |
| Alternate Contact Number: | | |

Fitchburg Veterinary Hospital
6249 Nesbitt Road
Madison, WI 53719
Phone: (608) 271-4212 Fax: (608) 271-5951

Permission for Additional Dental Care

Owner(s) Name: _____

Pet's Name: _____

Date: _____

Consent to perform extractions and necessary procedures

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help you avoid surprise charges, a staff member will call you to update you if additional services are needed. We recommend completing all needed dental procedures during this visit so you can avoid another appointment with additional sedation costs.

Please check the options below:

- Perform any necessary procedures and extractions at this time.
- Perform necessary procedures and extractions up to \$_____.
- Provide only the requested dental prophylaxis at this time.
- Call me and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me at () _____.

Signature of owner or responsible party

Date

Has your pet gained or lost weight? YES NO

● If yes, please specify: _____

Is your pet coughing or gagging?
● If yes, is there anything being produced? _____

Is your pet sneezing or having discharge from nose or eyes? _____

Is your pet lame or sore?
● If yes, which leg or area is bothering him/her? _____

● Has this remained: Improved Worsened Same

If life threatening complications occur, we will immediately contact you.

Please list the phone numbers you can be reached at: _____ or _____

In the meantime, we will also begin stabilizing and treating your pet as you wish. Please select from the following options:

Must choose one of the following or we cannot see your pet:

- Red Code:** Offer no life saving interventions or drug therapies.
- Green Code:** Begin life saving interventions, including CPR and drug administrations as deemed necessary by the DVM. I agree to assume financial responsibility for all emergency services rendered.

I am the owner/agent for the described animal. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand that Dr. _____ will contact me after examining my pet to discuss the recommended diagnostics and treatment and will have an initial estimate of charges.

If I cannot be reached at the above numbers, I authorize initial diagnostics, including radiographs and bloodwork if indicated for my pet. Further, if I cannot be reached I authorize initial treatment including fluid support and other supportive medications if needed for abscess, laceration or other wounds, if my pet is presented for one of those problems. I understand and accept that when anesthesia is involved there are always inherent risks, including death.

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Please print name: _____

Signature: _____ Date: _____

Drop Off Wellness Form/Vaccination Authorization Form

Fitchburg Veterinary Hospital
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We have arranged for you to leave your pet here to allow one of our Veterinarians to examine your pet and/or administer vaccinations. Please read through and answer the following questions that apply to your pet. The more thorough and accurate you are the better we can provide care for your pet.

Date: _____

Pet's Name/Last Name: _____

Is your pet eating and drinking normally? (Please circle)

Yes

No, Please explain _____

Is your pet urinating and defecating normally? (Please circle)

Yes

No, Please explain _____

Has your pet had any vomiting, diarrhea, coughing or sneezing? (Please circle)

Yes, Please explain _____

No

Is your pet on any medications or supplements? (Please circle)

Yes please list _____

No

Do you have any other questions or concerns you would like addressed with the doctor today?

Rabies _____, DA2PP _____, Bordetella _____, Lepto _____, Lyme _____, Influenza _____, Heartworm + tick borne disease panel _____, Heartworm Test _____, FVRCP _____, Feleuk _____

Other treatments: _____

What is the **best contact number** you will be reachable at today? () _____

Estimated pick up time? _____

I authorize the Fitchburg Veterinary Hospital to perform a wellness and perform above treatments on the patient listed above. I am the owner/agent for the described animal.

Owner Signature: _____

Boarding Release

Fitchburg Veterinary Hospital
6249 Nesbitt Rd
Madison, WI 53719
Phone: 608-271-4212 Fax: 608-271-5951
Email: Info@fitchburgvet.com
Website: www.fitchburgvet.com

Owner Name(s): _____

Pet Name(s): _____

'Emergency Number' of the legal owner(s) or agent

Phone: _____

'Emergency Contact' must be someone authorized to make full decisions on your pet's behalf.

'Emergency Contact' must be someone other than yourself.

Emergency Contact: _____

Phone: _____

Regular Veterinary Clinic: _____

Phone: _____

I/We certify to be the legal owner(s) or agent (hereafter referred to as "owner") of the pet named above (hereafter referred to as "the pet")

Injury and Illness

Owner(s) understand certain 'activities' that the pet may participate in, including doggie daycare, boarding and play involve risk and possible injury and illness, including, but now limited to:

- Exposure to parasites, viruses and other infectious diseases and medical conditions passed from dog to dog or person to dog;
- Sprains, strains, bites, broken bones;
- Illness including diarrhea and vomiting, fatigue, dehydration, nicks, cuts and even death.

_____ (Please Initial)

Property Loss or Damage

Owner further understands that any items/articles brought for use during boarding or daycare are at the owner's sole risk.

_____ (Please Initial)

Authorization of Medical Care

Owner understands that if the pet becomes ill or injured during their stay, that Fitchburg Veterinary Hospital will make every reasonable effort to reach the owner pursuant to the contact information that the owner has provided a timely manner, the owner consents to appropriate medical care to the pet as deemed necessary by the Fitchburg Veterinary Hospital. The owner agrees to be fully financially responsible for any and all costs incurred. Up to (Dollar Amount) \$ _____

Owner understands that any/all visual signs of fleas will be aggressively treated at owners expense.

_____ (Please Initial)

Illness, allergies, special diets and medications

Owner agrees to disclose any illness or allergies pet may have. Owner further agrees to disclose any special dietary needs or medications pet may require during activities.

_____ (Please Initial)

Owner guarantees that the pet is in good health (unless otherwise disclosed below) and is fully vaccinated to meet the requirement of boarding and/or daycare. Owner certifies that the pet does not, to their knowledge, have a history of dog fighting or dog aggression and has never bitten a human or other dog (unless otherwise disclosed below).

If action at law to inequity is necessary to enforce the terms of this agreement, Fitchburg Veterinary Hospital shall be entitled to reasonable attorney's fees, costs and necessary disbursements in addition to any fees to which said parties may be entitled.

Emergency Intervention

If life threatening complications occur, Fitchburg Veterinary Hospital will stabilize the pet and contact the owner pursuant to the contact information that the owner has provided as soon as we are able. In the event of an emergency, I select;

_____ **Red Code:** Please offer no life saving interventions or drug therapies.

_____ **Green Code:** Begin life saving interventions, including CPR and drug administrations as deemed necessary by the veterinarian. I agree to assume financial responsibility for all emergency services rendered.

I have read and agree with all of the terms of this agreement.

Signed: _____ **Date:** _____

Disclosure of illness or behavioral issues:

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**Consent to Decline Treatment
Against Doctor's Recommendations**

Owner's Name: _____

Patient's Name: _____

I am declining the following recommended treatment(s):

I acknowledge that because of the potential serious medical condition(s) that can arise or go undetcted without the benefit of _____, I am risking my pets health. Additionally, I understand that declining the above listed treatment(s) is going against Dr. _____'s recommendations.

I accept full financial responsibility for my decision to decline above listed treatment(s) and release Fitchburg Veterinary Hospital and its staff from all responsibility for my decision.

Signature of owner

Date

Signature of witness

Date