

Animal Health and Medical Center

2682 South State Hwy 108 - Stephenville, TX - 76401

Welcome! We appreciate you choosing our clinic to provide service to you and your pets.

We request the visits be paid when services are rendered. This is a policy of the office and no reflection on your credit.

We accept cash, check, all major credit cards, and debit cards for your convenience.

Hospitalization/Surgery/Anesthesia Authorization Form

FULL NAME

DATE

PHONE

PET'S NAME

SPECIES

SEX

BREED

COLOR

Procedure Consent

THE PLANNED PROCEDURE I APPROVE IS

- OHE (Females)
- Castration (Males)
- Dental scale and polish
- Lumpectomy
- Other

I am the owner of the above named animal or am responsible for it and have the authority to execute this consent form.

I hereby authorize Animal Health & Medical Center to perform such diagnostic, therapeutic, anesthetic and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health.

- While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the result or cure.
- In the event that my animal should, for some unforeseen reason, injure itself, escape, fail to eat, become ill or die, I will not hold Animal Health & Medical Center

and/or its employees responsible.

- I expect that reasonable precautions will be used to insure the animal's safety and well-being while in the clinic's care and agree to pay in full for all services and products at the time of discharge.
- If unforeseen needs arise that have not been discussed and I cannot be reached for approval, I accept the doctors' decision to proceed with that which is necessary.

By agreeing below, I also give my permission and agree to pay for parasite control to be administered if my pet is found to be carrying any parasites (including fleas, ticks or ear mites).

AGREEMENT

I understand and agree with all of the above

Optional Additional Services (Additional Cost)

RECOMMENDED (BUT NOT REQUIRED) POST-OPERATIVE PAIN INJECTION

- Accept
 Decline

PRE-ANESTHETIC BLOOD WORK (NOT REQUIRED, BUT HIGHLY RECOMMENDED)

- None
 BASIC Panel (0-6 years) - Checks basic organ function and establishes a baseline
 EXTENSIVE Panel (6+ years) - A broader view of an older patient's health status to rule out major organ dysfunction

This screening is not a guarantee against problems or complications, but it will help us deal with a problem, should it arise, or avoid the procedure altogether until a discovered problem can be corrected.

PRE-ANESTHETIC BLOOD SCREEN AGREEMENT

- I approve, or have previously completed, the above pre-anesthetic blood screen on my pet
 I decline the pre-anesthetic blood screen on my pet

Client Signature: _____

Date: _____

ADDITIONAL SERVICES OFFERED WHILE YOUR PET IS ANESTHETIZED

- Nail trim
- Microchip with surgery
- Clean & polish teeth (must be scheduled in advance) (* extractions extra)
- I decline all other services that are not checked

OTHER SERVICES/PROCEDURES

- Rabies vaccination
- Annual vaccine (Dogs)
- Annual vaccine and leukemia (Cats)
- Kennel cough vaccination (Dogs)
- Rattlesnake vaccination
- Heartworm test (Dogs)
- Fel Leuk/FIV combo test (Cats)
- Fecal test
- Histopath test (if removing a lump)
- Dewormer (Dog)
- Dewormer (Cat — Sent home)
- Dewormer (Cat — Topical applied at clinic)
- Heartworm Preventive (Must have current heartworm test)
- I decline all other services that are not checked
- My pet is current and I will bring documentation if not done at your facility

OTHER DESIRED SERVICE/PROCEDURE

AGREEMENT

- I understand and agree to pay for all of the above selected optional services and procedures

Client Signature: _____

Date: _____