

# 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:** \_\_\_\_\_