



Evergreen Animal Hospital

Date: _____

Surgical Authorization Form

Owner: _____ Phone Number: (_____) _____ - _____

Pet: _____ Email: _____

Preferred contact method for today: Phone call Text message Email

If text, please list your carrier: _____

Procedure Agreement

As the owner/agent of this pet, I hereby grant my consent and authorize the veterinarian and staff at Evergreen Animal Hospital to **treat, anesthetize, and/or operate** upon my pet. I understand that during the performance of this procedure, **unforeseen conditions may occur that require extension or variance of the planned procedure(s)**. I understand that the nature of the procedure(s) and risks involved; I realize the results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all costs incurred regarding the animal. Evergreen Animal Hospital will perform the procedure/surgery to the best of their ability; the hospital makes no guarantee or warranty regarding the results and I will not hold them liable.

Pre-Anesthetic Blood Panel

Anytime an animal goes under anesthetic, there is a risk for problems to arise due to pre-existing conditions not evident from a physical exam alone. To help reduce the risk of such problems, **we recommend a pre-anesthetic blood panel for your pet**. While this panel will not guarantee the absence of problems while under anesthetic, it may allow for the detection of factors that may lead to such problems. The pre-anesthetic blood test evaluates kidney, pancreas, and liver functions. It also checks for diabetes, pre-existing infections and/or blood anemia.

The blood test is an additional \$68. Accept Decline

Post-Operative Pain Management

Every patient receives a painkiller injection during surgery when the veterinarian deems it necessary. If you would like us to **send home follow-up pain medication**, please confirm that decision here.

Yes, I want painkillers for my pet No, I do not want painkillers for my pet

Dental Extraction Authorization

If this is a dental procedure, we have authorization to extract teeth. Accept Decline



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Additional Services

Please check any of the following services you would like performed while your pet is under anesthetic.

Clean teeth (\$100)

Growth Removal

Implant Microchip

Senior Profile Blood Test

Anal Gland Expression

Nail Clip

Ear Flush

We will contact you as soon as your pet's procedure is complete. At the time of discharge a technician will explain all pertinent information regarding the procedure and at-home care instructions, payment in full is required at this time.

By signing below, I agree I have read and understand the terms of the above document. I give Evergreen Animal Hospital permission to perform the procedures as described above.

Signature: _____

Date: _____

Thank you for trusting us with your pet's health!