



STIERN • SOUTHWEST • VETERINARY HOSPITALS

Client _____

Patient _____

Phone Number Today _____

Authorization for Professional Services

Due to increasing awareness and requests from our clients regarding the use of pain management and pre-anesthetic blood testing for routine procedures or operations, we offer several optional services to increase the margin of safety and comfort to our patients and their owners.

Blood Testing Prior to Anesthesia: Although current anesthetic agents pose minimal risk to your pet, pre-surgical blood tests may reveal health concerns where modification of anesthetic protocol would be indicated to maximize patient safety.

Mini Profile - Pre-Surgical Profile

Accept

Decline

Intravenous Catheter Placement: In the unlikely event of a drug reaction or other change in a patient's status during a procedure, ready access to a vein facilitates the administration of emergency drugs in situations where every second counts.

Accept

Decline

Microchip Permanent I.D. Implant: These microchips are no larger than a grain of rice and provide permanent identification should your pet become lost or stolen. The chips can be implanted at any time, but doing so while your pet is already anesthetized makes it convenient and totally pain free.

Accept

Decline

Pain Management: The need for pain management will vary with each patient and the nature of the procedure being performed. An initial pain medication is included if indicated during procedures such as spays and neuters (excluding dental procedures). However, we recommend additional pain medication when indicated for a more comfortable, faster recovery and added peace of mind for you.

Accept

Decline

I am aware of the risk of this procedure, understand the information presented in this form and give the hospital staff permission to proceed with the above procedure(s) and related services. I assume financial responsibility for all charges incurred and I agree to pay all fees in full upon completion of my pet's care.

Signature of Owner or Agent _____ Date _____