



Geneva Lakes Animal Hospital Surgical Authorization Form



100 Ridge Rd Walworth, WI 53184
262-275-3303

Name or Owner/Agent: _____

Name of Pet: _____ * Canine/Feline F _____ M _____ Age _____

I am the owner/agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize Geneva Lakes Animal Hospital to perform the following procedure(s):

The nature of such services has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results of care. These **options** are in addition to the basic procedure cost.

I understand that anesthesia carries some risk; therefore, blood testing is recommended before general anesthesia. The anesthetic agents are removed from the body by the liver and kidneys, so it is important for us to know before anesthesia that these organs are functioning properly. Blood testing helps us make this determination and is recommended for all pets, especially those pets that are 7 years of age or older.

Pain management protocol is included with all routine spays and neuters.

PRE-ANESTHETIC BLOOD TESTING

Ages <4 years Complete Blood Cell Count: assesses anemia, infection, clotting cells
\$87.50 Chemistry/Electrolytes: 10 test profile that screens the kidneys, liver, hydration status, and blood glucose

Ages >4 years Complete Blood Cell Count: assesses anemia, infection, clotting cells
\$98.50 Chemistry/Electrolytes: 15 test profile that screens the kidneys, liver, pancreas, hydration status, blood glucose, and certain cancer indicators.

Accept _____ Decline _____

LASER SURGERY is now available for our patients. This technology allows for little or no blood loss, little or no surgical site swelling, and **less post-operative pain**. This allows us to offer the best possible care to our patients.

Accept _____ Decline _____ Cost: \$55.00

Elizabethan Collar (E-collar/Cone) is recommended for most surgical procedures to prevent your pet from causing trauma to the incision site as it heals. We will custom size a see-through cone for your pet to insure optimal fit and comfort. **(This is mandatory for certain surgical procedures – we will inform you if this is the case.)**

Accept _____ Decline _____ Cost: \$27.50

Name of Medication	Strength (mg)	Amount Given (ex: 1 pill, 1ml,etc)	Frequency (ex: once daily, twice daily)	Time & date last given

It is often an opportune time to perform other procedures while your pet is under anesthesia.

Please review and authorize any additional procedures requested for your pet:

DOGS: All pets due for their annual exam, or pets we have never examined before, will receive an exam prior to any surgical procedure at the cost of **\$57.25**

Heartworm/Tick Panel test	\$69.00	Yes _____ No _____
Distemper Combo 1 year	\$34.50	Yes _____ No _____
Distemper Combo 3 year	\$52.00	Yes _____ No _____
Puppy Distemper 1 st – 3 rd	\$27.50	Yes _____ No _____
Rabies Vaccine 1 year	\$32.00	Yes _____ No _____
Rabies Vaccine 3 year	\$42.00	Yes _____ No _____
Lyme Vaccine	\$44.00	Yes _____ No _____
Bordetella (Kennel Cough)	\$36.00	Yes _____ No _____
Flu Vaccine	\$46.50	Yes _____ No _____
Lepto Vaccine	\$27.50	Yes _____ No _____

CATS: All pets due for their annual exam, or pets we have never examined before, will receive an exam prior to any surgical procedure at the cost of **\$57.25**

Distemper Combo 1 year	\$29.50	Yes _____ No _____
Distemper Combo 3 year	\$52.00	Yes _____ No _____
Feline Leukemia Vaccine	\$32.00	Yes _____ No _____
Rabies 1 year	\$32.00	Yes _____ No _____
Rabies 3 year	\$42.00	Yes _____ No _____
Feline Leukemia/FIV test	\$66.00	Yes _____ No _____

DOGS/CATS:

Fecal Exam (Intestinal parasite screen)	\$35.00	Yes _____ No _____
Microchip with Services	\$49.50	Yes _____ No _____
Nail Trim	\$23.00	Yes _____ No _____
Ear Cleaning	\$22.00	Yes _____ No _____
Anal Sac Expression	\$38.00	Yes _____ No _____

I accept financial responsibility for all services rendered, and understand that **payment is due at the time of discharge**. Any additional medications or supplies purchased will be at an additional charge. Please note that prices are subject to change.

Signature of Owner/Agent _____ Date _____

Phone number (s) where you may be reached today: _____

I understand the post surgical feeding instructions, activity restriction, incision monitoring/care, suture removal requirements, and medication instructions as discussed at time of my pet's discharge and as found on my pet's Surgical Discharge sheet.

Initials of Owner/Agent: _____ **Date of Discharge:** _____