



CANYON PET HOSPITAL

NORTHERN ARIZONA'S PREMIER VETERINARY HOSPITAL

General Surgery Form:

Date: _____ Account#: _____ Patient: _____ Client: _____

Procedure(s) to be performed: _____

You will be given a full estimate for the procedure today after the technician has answered any questions and given you additional options for the surgery today. If your pet has not been seen by one of our veterinarians or if they have not been seen in the past 30 days, the doctor may need to examine your pet briefly prior to the procedure today and call you with a more accurate estimate. If you do not sign an estimate before leaving today, make sure you are available by phone. We will be unable to perform the procedure until we get your verbal authorization for the costs involved.

I am aware that there will be an additional charge if it is determined during my pets spay or neuter surgery that my pet is in heat, pregnant or has either a unilateral or bilateral cryptorchid. I understand that I will be responsible for any additional charges.

Signature: _____

I authorize the veterinarians and staff at Canyon Pet Hospital to perform the above procedure(s). I understand that even in healthy pets, there is a small risk with anesthesia and that very safe anesthetic protocols and thorough anesthetic monitoring are used for my pet. I understand that Canyon Pet Hospital is not liable for adverse reactions to anesthetics as long as all reasonable precautions are taken. Signature: _____

We will attempt to contact you if there are problems or concerns affecting your pet's surgery, recovery or changes in the estimate.

The phone number where you can be reached today is: _____

If we cannot reach you at this number, it will be difficult for use to communicate clearly with you if there are problems or changes. Often decisions need to be made while your pet is still under anesthesia. **Critical decisions regarding your pet, though rare, will be made without you if you are unreachable and may mean additional charges that you will be responsible for.**

Please be available via phone and feel free to call us at any time as to the status of your pet. Initial here: _____

*******For Office Use Only*******

Does the pet have a history of seizures? Yes _____ No _____

Is the pet currently taking any medication(s)? Yes _____ No _____

If yes, please list medication(s) and the last time the pet had the(se) medication(s)—make sure to include antibiotics:

Does the pet have any deciduous teeth? Yes _____ No _____

Additional things owner would like checked (make sure to include brief history):

Laser Nail Trim: Accept: _____ Decline: _____