



AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner _____

Client ID _____

Pet's Name _____

Patient ID _____

Phone number where owner can be reached: _____

OWNER MUST PROVIDE PROOF OF CURRENT VACCINATIONS FOR ALL PETS ADMITTED FOR TREATMENT. IF NO SUCH RECORDS ARE AVAILABLE, THE PET WILL BE VACCINATED AT THE OWNER'S EXPENSE.

Canine: DHPPLC, Rabies, Bordetella (KC)

Feline: RCP, Rabies

I hereby authorize Dr. Holscher, Dr. Lowdermilk and/or Dr. Mellencamp to perform such diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and wellbeing. The nature of such services has been described to me to my satisfaction and, 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 be made regarding the results or cure.

I also authorize the hospital director and staff to provide veterinary services as required in emergency circumstances and to follow through with such services as are necessary for the wellbeing of my pet until I can be contacted, advised of the situation, and make an informed decision regarding the continued care of my pet.

I understand that upon admission, my pet must be free from all external parasites such as fleas, ticks, or ear mites. I understand that if necessary, my pet will be treated for these parasites for an additional fee.

I understand that I am responsible for all medical fees incurred and that payment is expected when my pet is discharged from the Airport Veterinary Clinic. I also understand that a minimum deposit of the lesser of \$75.00 or 50% of the estimated charges may be required at the time my pet is admitted to the facility. Should I fail to claim my pet, I understand that it may be considered abandoned as provided by the Indiana State Code. I understand that I will receive written notification and that the term "abandonment" constitutes the relinquishment of all rights to my pet. Under such circumstances, my pet will be disposed of at the discretion of the Airport Veterinary Clinic and that such disposal may include adoption or euthanasia. I understand that I remain responsible for all reasonable costs incurred for diagnosis, treatment, hospitalization, surgery, boarding, euthanasia and disposal of my abandoned pet.

Your pet is scheduled for the following procedure(s):

- _____
- _____
- Has your pet ever had complications with anesthesia? Y N
 - Does your pet have a history of seizures? Y N
 - Does your pet have a history of breathing problems? Y N
 - Is your pet on any medication? Y N
 - Can you think of any other pertinent medical information that will be helpful to the veterinarian? Y N
 - o If yes, please explain:

In the past few days:

- has your pet had a decrease in appetite or a picky appetite? Y N
- has your pet had an increase in thirst? Y N
- if your pet is housetrained, has he/she urinated or soiled in the house? Y N
- has your pet vomited? Y N
- has your pet had any diarrhea or change in bowel movements? Y N
- has your pet become unwilling to jump, run or climb stairs? Y N
- has your pet been coughing? Y N
- has your pet had any unusual behaviors? Y N
 - o If yes, please explain:
- has your pet eaten or drank anything since last night? Y N

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Pre-Anesthetic blood screening and IV Fluids will be required for pets over age 7, unless otherwise exempted by a Veterinarian

Pre-anesthetic blood screening is needed for all animals, young or old, undergoing anesthesia.

The screening consists of a blood count and tests to measure kidney and liver function. This test helps the veterinarian to detect underlying health problems and to anticipate anesthetic risks that may not be apparent during the physical examination. The cost for this service is **\$41.50**.

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I request that the recommended pre-anesthetic tests be performed.

I decline the recommended pre-anesthetic blood screening tests at this time, and understand all risks involved.

Owner initials

Intravenous Fluids is needed during surgery to maintain normal blood pressure, as well as to help clear anesthesia from your pets' system faster.

Intravenous fluids also allow for rapid administration of drugs should an emergency situation develop. The cost for this service is **\$41.50**.

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I request that my pet receive intravenous fluids during his/her procedure.

I decline intravenous fluids for my pet during surgery, and understand all risks involved.

Owner initials

Pets receiving the recommended Pre-Anesthetic blood screening and IV Fluids will be given a discounted rate of \$80 for both services

Post-operative pain medication. Before undergoing surgery, your pet will be medicated with preventative pain medications to enhance comfort levels during recovery. If your pet exhibits significant discomfort following surgery, whether verbally or behaviorally, we will reserve the right to administer pain medication as needed. Please note, additional pain medication is given only if needed.

Consent To Perform Extractions And Necessary Procedures

During your pet's procedure, each tooth will be carefully evaluated, and the veterinarian will choose the best treatment. Dr. Holscher, Dr. Lowdermilk and Dr. Mellencamp recommend completing all needed dental procedures during your pet's visit, so you can avoid scheduling another appointment with additional anesthesia costs. Please check the options below:

I understand my pet MAY have teeth that need to be extracted, and in the case a tooth is unable to be saved, the veterinarians will make the decision regarding extraction based on the medical condition of the pet and the tooth/teeth

Owner initials

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I authorize Airport Veterinary Clinic to perform any necessary dental procedures and extractions at this time.

I decline any additional dental procedures, and request that AVC provide only the requested cleaning at this time.

Dental Radiograph

80% of dogs and 70% of all cats over age 3 have dental disease. Often disease lies deep below the gum line and may not be obvious upon examination. Because teeth may appear healthy & have hidden disease such as infection & decay, Airport Veterinary Clinic recommends dental radiographs be taken for all pets having a dental cleaning. The cost for this optional service is **\$25/quadrant**. Please check the options below:

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I authorize Airport Veterinary Clinic to take radiographs of my pet's teeth.

I authorize Airport Veterinary Clinic to take radiographs, but only _____ quadrants/or up to \$_____.

I decline the recommended dental radiographs for my pet.

At Home Pain Medication

The cost of this injection varies according to the weight of your pet, and can range from \$20-\$35. Please check the options below:

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I request additional pain medication be sent home with my pet at the time of discharge.

I decline any pain medication to be sent home with my pet at the time of discharge.

Owner Signature

Date

Staff Initial

I understand the conditions stated above, and give the Veterinarian permission to treat my pet(s).

Discharge Instructions:

I was informed of and fully understand the post-operative instructions I received upon discharge of my pet.

Owner Signature

Date

Staff initial