

**Canine Elective Procedure Authorization**

**Dog's Name** \_\_\_\_\_ **Owner's Name** \_\_\_\_\_

**Your dog is here for:**

- Canine Spay (When was last heat cycle? \_\_\_\_\_)
- Canine Neuter
- Canine (other) \_\_\_\_\_

**Anesthesia/Medical History**

- 1. Is your dog allergic to any medications/drugs?  **Yes**  **No**  
**Explain:**
  
- 2. Has he/she ever had a seizure?  **Yes**  **No**  
**Explain:**
  
- 3. Has your dog ever been under general anesthesia?  
Were there any problems?  **Yes**  **No**  
 **Yes**  **No**  
**Explain:**

**Elective Procedures**

- 1. If your MALE dog were found to be **cryptorchid** (one testicle), would you like the doctor to proceed with surgery? \*We are perfectly happy to do surgery on your pet even if they are cryptorchid. It is important for you to know this may cause the procedure take longer, be slightly higher risk, and therefore is more expensive.  
 **Yes**  **No**  **Call**  **NA**
  
- 2. If we were to discover your FEMALE DOG is **pregnant** and it is still in the early stages (first few weeks), would you like us to proceed with a Spay procedure? \* It is important for you to know this may cause the procedure to take longer, be higher risk, and therefore more expensive.  
 **Yes**  **No**  **Call**  **NA**
  
- 3. For the health of your dog it is strongly recommended that vaccines are current. Please select the vaccines you would like your dog to have updated. \*There will be an additional charge for vaccines.  
 **DHLPP(DISTEMPER)**  **RABIES**  **CURRENT**  
 **BORDETELLA**  **LYME**  **LEPTO**
  
- 4. Microchip Identification allows your pet to be identified if they were to become lost or run away. The cost for the Microchip and placement is **\$39.50** \*Additional charge to keep active in the National Database  
 **Yes**  **No**
  
- 5. Some dogs will have retained baby teeth. If your dog is 6mo or older and has not lost these teeth, it is **HIGHLY** recommended to have them removed. Would you like us to remove these teeth if they are present? \*There will be an additional charge for removal.  
 **Yes**  **No**  **Call**  **NA**
  
- 5. Are there any other things you would like us to do while your dog is anesthetized?  
(Ear exam/Cleaning, eye exam, apply topical parasite treatment, etc.) \*There will be a charge for additional services.  
 **Yes** \_\_\_\_\_  **No**

I understand that I am authorizing the above elective treatments and there will be an additional charge for said treatments.

\_\_\_\_\_  
**Owner's Initials/ Date**

**PLEASE READ CAREFULLY AND SIGN**

Your dog is scheduled for anesthesia. We recommend a pre-anesthetic blood profile to ensure your dog is in a low-risk category. State-of-the-art technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests resemble those your physician would run before you underwent anesthesia. In addition, these test results will serve as reference values should your dog become ill in the future.

**TICK AND HEARTWORM SCREEN**

This screening test should be done on stray, sick, and new dogs. (Must be at least 6 mo old)

- Heartworm disease is transmitted by mosquitos. These parasites live in the dog’s heart and/or major vessels near it. Heartworm disease causes lung damage, coughing, lethargy, fatigue and can be fatal
- Ehrlichia, Lyme, and Anaplasmosis are transmitted by ticks. All three of these diseases can cause lethargy, loss of appetite, and painful joints. Left untreated they can cause damage to the kidneys and liver and eventually become fatal.

I elect this             I decline this

**CHEM 17 PANEL, ELECTROLYTES, AND CBC**

**THIS PANEL COMBINATION IS REQUIRED FOR DOGS AT 7 YEARS OF AGE OR OLDER AND ALL NON-ROUTINE AND/OR ORTHOPEDIC SURGERIES (regardless of age).**

*Please ask what type of surgery your pet is having preformed if you are unsure.*

Blood tests help us to determine whether or not your pet can properly process and then eliminate the anesthetic that is administered. Sometimes, even an apparently healthy dog can harbor hidden health conditions that can put them at risk while under anesthesia.

Our **Chemistry Panel** will check the following:

BUN (kidney)	ALKP (liver)	Glucose (sugar)	Total Protein (hydration)
Creatinine (kidney)	ALT (liver)	Electrolytes	Calcium (certain cancers)
Phosphorus (kidney)	Globulin (liver)	ALB (protein)	Amylase (pancreas)
	Bilirubin(liver)		

Our **CBC (Complete Blood Count)** will assess anemia, cancer, infections, and clotting.

Dogs Age \_\_\_\_\_/Required              Done on \_\_\_\_\_     I elect this             I decline this

**INTESTINAL PARASITE EXAM**

It is important to have an Intestinal Parasite Exam done annually to check your dog for intestinal parasites. Dogs and puppies do not always show signs of having intestinal parasites and parasites cannot be seen by the human eye. Most puppies are exposed to parasites from their mother and all adult dogs are at risk for picking up parasites while hunting or from other pets. Most importantly, these parasites can be transmitted to people, especially children, the elderly or anyone with a compromised immune system.

I elect this             I decline this

**HISTOPATHOLOGY (Mass Removals)**

If your dog is having a growth removed, a sample of tissue can be sent out for identification to an outside lab by a certified histopathologist. This is a good way to screen for stages and types of tumors. Further surgeries or treatments can be ruled out by histopathology results. Results are usually available within 7-10 days.

I elect this             I decline this

I understand that I am authorizing or am required to have the above elective treatments and there will be an additional charge for which I will assume full financial responsibility. I understand there is always a potential risk for anesthesia and surgery.

\_\_\_\_\_  
Dog’s Name

\_\_\_\_\_  
Owner’s Initials/ Date

**CALEDONIA VETERINARY CLINIC  
HOSPITALIZATION CONSENT FORM  
\* (PLEASE READ AND SIGN) \***

**PET'S NAME** \_\_\_\_\_

**DESCRIPTION** \_\_\_\_\_

**PROCEDURE** \_\_\_\_\_

**PREFERED CONTACT METHOD FOR ROUTINE FOLLOW-UPS: Call/ Email/ Text @** \_\_\_\_\_

**\*\* DATE & TIME MY PET LAST RECEIVED MEDICATIONS** 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

I certify that I own or have assumed financial responsibility for the above-described animal. I do hereby consent and authorize the Caledonia Veterinary Clinic and its staff to hospitalize this animal, to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatment that the doctors deem necessary for the health, safety, or wellbeing of this animal while it is under their care and supervision.

If this animal should injure itself in an attempt to escape, refuse food, soil itself, become ill or paw away while in the hospital, I will hold the Caledonia Veterinary Clinic, free of any responsibility and /or liability in the absence of gross negligence.

**By signing this consent form I understand that I am giving Caledonia Veterinary Clinic permission to sedate or anesthetize if deemed necessary by the veterinarian.**

I have been advised as to the nature of the procedures or operations and the risks involved. I understand that results cannot be guaranteed.

**I further realize that I am responsible for payment for the above procedures and treatments IN FULL at the time the animal is discharged.** If I am unable to pay for the above procedures and treatments in full at time of discharge, Caledonia Veterinary Clinic is permitted to hold my animal until full payment is made. I am responsible for any and all charges incurred as a result of Caledonia Veterinary Clinic holding my animal as a result of non-payment. If I neglect to pick up the animal within five (5) days of written notice mailed by registered letter to me, Caledonia Veterinary Clinic may assume that the pet is abandoned. Caledonia Veterinary Clinic is then authorized to rehome or surrender to animal shelter as they see fit. Abandonment does not release me of my obligation to pay for all charges incurred while this pet is a patient. A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is 18% annually. There is a minimum \$3.00 billing charge.

**Check-out is between 3:30-4pm unless other arrangements have been made.**

**If your pet is not picked up prior to time of closing at 5:00pm you will be charged an additional fee.**

5:00 – 5:15      \$25.00  
After 5:15      \$50.00

**I have read and understand this authorization and consent agreement. I also understand that I am responsible for all charges incurred while my pet is a patient at Caledonia Veterinary Clinic.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHONE NUMBERS THAT I CAN BE REACHED AT TODAY: 1<sup>st</sup> number:** \_\_\_\_\_

**2<sup>nd</sup> number:** \_\_\_\_\_