



VILLAGE ANIMAL HOSPITAL

Authorization for Surgery

Owner Name _____ Date _____
Patient Name _____ Breed _____ Color _____

- I hereby consent and authorize Dr. _____ and whomever s/he may designate as his/her assistants to perform the following surgical procedure(s): _____
If any unforeseen condition arises in the course of above stated operation, according to his/her best judgment, for procedures in addition to or different from those now contemplated, I further request the veterinarian responsible to do whatever is deemed appropriate and necessary including emergency procedures, pain medication and management.
- The nature and purpose of the operations, possible alternative methods of treatment, risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained, and that I assume all risks.
- All patients must have current vaccinations. This includes Bordatella, as well as a current 'Heartworm Negative' status for all dogs.
- For the safety of your pet, we will perform a comprehensive blood screen prior to the administration of sedatives and general anesthesia. The purpose of these tests is to verify the metabolic health of the patient, the ability of the kidneys and liver to safely eliminate the anesthetics from the body, assuring a safe recovery and successful procedure. If these tests indicate any abnormalities and/or suggest a risk to the patient, you will be notified before proceeding.

Permanent Microchip Identification System

If your animal does not already have a permanent microchip identification system placed, we recommend having one implanted during the above surgery. This implant, approximately the size of a grain of rice, is quickly placed under your pet's skin while they are still sedated. Each microchip has an ID number, which is unique to your pet. Once you register the ID number with the HomeAgain Company, it will be linked to your contact information. This information is maintained with HomeAgain directly. This service is a benefit for every pet in the event that they become lost, runs away, or is stolen.

If you have any questions regarding this service please ask us at the time of surgery check-in.
YES / NO (Please Circle)

Hip Dysplasia Radiograph

If appropriate, and while sedated, I DO / DO NOT (Please Circle) wish to have my dog's hips evaluated for Hip Dysplasia.

Signature _____ Date _____

Phone _____(C)
_____ (H)
_____ (W)