

## **Three Locations**

Westside: 5425 Verna Blvd. Jacksonville, FL 32205 (904) 337-0076 Beaches: 335 11<sup>th</sup> Avenue N. Jacksonville Beach, FL 32250 (904) 694-0541 Mobile Clinic: mycommunitypetclinic.com/mobile (904) 566-9646

## **Authorization for Surgical Anesthetic Procedure**

Owner's Name (First and Last):				Pet's Name:					
Date:									
to recommour greates veterinariar	scheduled for a procedurend pre-anesthetic testinet concern is the well-beir will perform a complete complicate the procedure	g and explaing of your perpendicular.	in why it i et. Before caminatio	s import placing n to ider	ant to the your pet ntify any e	e health of under anes existing me	your pet. Like sthesia, a	you,	
problem(s), prior to ane	ere is always the possibile, we strongly recommend esthesia. The tests we recondered to u	d that a pre-a	anesthetio re similar	profile	(a combi	nation of to	ests) be perfo	rmed	
complication	ant to understand that a pons. It may, however, greathat could require medic	atly reduce t	the risk of	compli	•				
Has your po	et been fasted overnight	? Y	N Ow	ner's Init	tials:		_		
ls your pet	on any medications?	Y N	If yes, p	lease lis	t:				
	nend blood work for all p for all pets (6 years of a		•			-			
Comprehe Yes	ensive Profile with Electro No	olytes \$ <b>109</b>		od Profil days	e has bee Yes	en done wit No	th in the last		
Pre-op Panel with Electrolytes \$89			Hea	Heartworm Test UTD \$25					
Yes	No			Yes	No				
Owner's Ir	nitials:								

<b>Microchip</b> : We also offer microchips as a way to pe Found Animal microchip is a small computer chip we shoulder blades. The chip can be read by a scanner, facilities and many veterinarians. The cost of this se	hich is implanted under the skin allowing identification by all ani	between the					
Yes, I want my pet microchipped today	No, I do not want my pet mid time	crochipped at this					
No, my pet is already microchipped	Owners Initials:	_					
<b>Fleas</b> : To prevent flea infestation of the hospital and examined for any evidence of fleas. Our hospital po dose of either oral or topical flea treatment will be g your pet as well as others.	icy states that if any fleas are de	etected, a single					
<b>Rabies Vaccination:</b> All pets must be current on the the time of the surgical procedure your pet is not cu vaccination will be administered at your expense.							
<b>Anesthesia:</b> Pain medication is provided to my pet comfort of your pet. This is mandatory. Pain medic operative pain management. I also understand that ensure the safety of my pet and also serves as a pre events.	ation may also be sent home wit an I.V. Catheter will be placed ir	h my pet for post- n my pets' arm to					
<b>CPR:</b> With any anesthetic procedure, there are risks the procedure performed. In the event of an adverse authorize Jacksonville Community Pet Clinic to perf pet. I do understand that this does not guarantee an understand that this will be an additional cost to the	event, I,(CP orm Cardio-Pulmonary Resuscita y particular results. If an adverse	R / DNR) hereby ation (CPR) to my e event occurs, I					
<b>E-Collar:</b> Your pet may be sent home with an e-collar that your pet wears this collar until directed or instrutor for keeping the e-collar on at all times during this recomes to your pet, due to non-compliance, is also yet	icted to remove. You, as an own- covery period. This is mandatory	er, are responsible					
I have read this document and I hereby authorize my pet to be anesthetized for a surgical procedure(s). The nature of this service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that if I have specified that the doctor must contact me for verbal authorization of services listed above and I am not available by phone while my pet is under anesthesia, that my pet will not receive those treatments today and I must reschedule the procedure(s) at additional cost. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of service.							
Phone number: Signature							
Second Contact Number:N	lame:						