AUTHORIZATION FORM

Spay/Neuter Certificate Program

My pet is scheduled for a _____ today.

I would also like my pet to receive the following services while at the clinic (additional charges apply):

□ pedicure □ ear cleaning □ microchip □ update vaccines □ other: _____

For your pet's SAFETY during the procedure, we recommend an IV catheter and supportive fluids for an additional fee of $71 ($35.50 for feline neuters).

____ Approved ____ Declined

As stated on the estimate, your pet is required to go home with pain medication and an E-collar (cone), and female pets are required to be hospitalized overnight. If you need another copy of the estimate, please let us know. Initial ____

All pets are required to be presented flea and tick free. If parasites are found on your pet, we will apply a flea and/or tick preventative at your expense. Initial ____

If your pet has had any food or water after midnight last night, they are at a higher risk of post-anesthetic complications. Has your pet had any food or water after midnight last night?

____ No ____ Yes

If your pet is on medication, please note:

Medication Name:	Amount:	When last given:
_____	_____	_____
_____	_____	_____

Your pet is scheduled for release on _____ at _____ AM/PM.
(date) (time)

Contact numbers: _____ and _____

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has permission to provide such treatment and I agree to pay for such service.

____ Approved ____ Declined

I hereby agree that I have read and understand this form, that the services above have been described to me to my satisfaction, and that I realize no guarantee can ethically or professionally be made regarding the results of the services rendered.

I hereby authorize the use of appropriate anesthetics and other medications deemed advisable and performance of the surgical and therapeutic procedures requested above. I agree to hold all hospital staff harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand that I assume financial responsibility for all services rendered, and that full payment is due at the time of release.

_____ _____
Signature of legal owner or responsible agent Date

Please initial if we may post photos of your pet on our Kailua Animal Clinic social media profiles ____