

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: _____

As stated on the estimate, your pet is required to have a IV catheter placed during surgery, to go home with pain medication and an E-collar (cone), and all 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 _____