

**COLUMBIA PIKE ANIMAL HOSPITAL
SURGICAL AUTHORIZATION FORM**

Please Print

Client's Name _____ Pet's Name: _____ Date: _____
Phone (Day): _____ Phone (Eve.): _____

I request **Columbia Pike Animal Hospital (CPAH)** to hospitalize my pet for the purpose of: _____

If your pet is hospitalized for the purpose of an orthopedic procedure please indicate which limb. _____

Risk: I understand there are risks associated with anesthesia and surgery. I further understand that the veterinarians will do everything possible to minimize those risks. X _____

Vaccinations: It is our hospital policy that all dogs being admitted to the hospital must be current on Rabies, DHLPP and Bordetella, and that all cats be current on Rabies and FVRCP . If verification of vaccines is not provided, Columbia Pike Animal Hospital will administer all necessary vaccines. State law requires that all animal be vaccinated against rabies. An office visit/physical exam charge of \$45.00 is required with all vaccinations.
X _____

Medical History: Please advise us of any medical problem or history we may not be aware of, i.e. pyometra, heart murmur, diabetes, medications, etc. _____

ELECTIVE SERVICES

Pre-Operative Screening: Pre-op screening greatly reduces some of the inherent risks of anesthesia by detecting anemia, diabetes, kidney or liver dysfunction. The cost of this blood work is \$45.00; **and is strongly recommended** for all pets for their safety and welfare.
I do _____ do not _____ authorize CPAH to perform the pre-anesthesia screen.

Biopsy: If a mass/lump/growth is being surgically removed from your pet, a biopsy is often recommended. It is needed to determine whether the mass is benign or malignant. The cost varies according to the number of growths biopsied starting at \$110.00.
I do _____ do not _____ want a biopsy performed.

Post-Operative Analgesia: Post-Op pain relief is strongly recommended to keep your pet comfortable after any surgical procedure. Animals feel pain the same as humans, however, they show their discomfort in less obvious ways. The anesthesia given during the procedure does not provide pain relief during or after the procedure. We are able to give your pet injectable pain relief that will help alleviate discomfort that your pet may feel. There is a cost associated with this service it varies due to individual animal size. I do _____ do not _____ want my pet to have additional pain relief.

Tooth Extraction: If your pet is having a dental cleaning today, it may be necessary for unhealthy teeth to be extracted. The veterinarian only extracts teeth when necessary. I do _____ I do not _____ authorize tooth extractions.

Non-Surgical Exam: Exam requests for anything other than surgical procedures will be conducted at the regular fee of \$45.00 .
I do _____ do not _____ request a non-surgical exam for my pet. **(As stated above, if vaccinations are not current, an exam fee will apply)**

Regular Staffing hours: Monday through Friday 7:00 AM to 10:00 PM
Saturday 7:00 AM to 7:00 PM

although, the hospital is not open for regular hours on Sundays and holidays, our staff will meet your pet's medical, physical and nutritional needs.

Owner's Release: Columbia Pike Animal Hospital will use all reasonable precaution against injury, escape or death of my pet. The clinic and staff WILL NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops while I am absent will be treated as deemed best by the staff veterinarians, and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay for all services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorney fees and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the Hospital is located. If I neglect to pick up my pet within 5 days of the date below and do not notify a Hospital Manager/Supervisor within that time frame, you may assume that my pet is abandoned and hereby authorized to dispose as you deem best or necessary.

Signature: _____ Date: _____

Phone Number(s) where I can be reached while my pet is at CPAH: _____

WE ARE NOT RESPONSIBLE FOR ANY ITEM LEFT WITH YOUR PET, I.E. COLLARS, LEASHES, CARRIERS, BLANKETS, TOYS. ETC.