

PET _____ CLIENT _____

PROCEDURE _____

SURGERY AND DENTISTRY AUTHORIZATION AND CONSENT FORM (Revised May 12, 2013)

Northwest Animal Hospital
1071 Old West Henderson Road
Columbus, Ohio 43220

PHONE: At what number(s) can we reach you or a family member from 9 a.m. to 1 p.m. (include times if needed) _____

For whom should we ask? _____

BREAKFAST: Did your pet have anything to eat this morning? (Circle) YES NO.

GROWTH REMOVAL: Give a **detailed** description of the location of each growth to be removed or tell how you have marked the growth(s) _____

MEDICATIONS: List each medication your pet is on and **when you last gave the dose.**

OTHER CONCERNS: List any other concerns that you did not bring up with our pre-surgical phone call. A brief or full examination fee will be added if needed.

ELIZABETHAN (PLASTIC) COLLAR: This device protects the incision from tongue and teeth and is invaluable in preserving the incision's integrity.

_____ I decline the recommended Elizabethan collar because **I have one at home.**



Cat Owners: Would you or your cat prefer **LIQUID** or **TABLET** medications if there is a choice? **Please circle.**

****AUTHORIZATION BELOW MUST BE FILLED OUT COMPLETELY & SIGNED****

I have read the attached estimate and authorize all charges. In the event of additional findings, such as the need for extractions not on the estimate or an infection that needs to be treated, please (check one)

_____ Use your professional judgment and do what's best.

_____ Call to discuss recommendations and cost.

I (signature) _____ authorize the above procedures and choices.

Date _____

ESTIMATED PICK-UP TIME & DATE _____

Releases are 3-6 pm on Monday through Friday and 8am-1pm Saturday.