



Tomahawk Animal Hospital – Treatment Authorization Form
Friendly Service – Exceptional Care

Today's Date: _____

To better assist us with the care of your companion, please complete the following information:

Client's last name: _____ Pet's name: _____

Address: _____

Best phone number to reach you today: _____

Has your pet eaten in the past 8 hours? YES / NO

Has your pet had any illness (ie. coughing, sneezing, vomiting, diarrhea) or injury in the past 7 days? YES / NO

If yes, please list: _____

Does your pet have any history of seizures, liver or kidney disease, or heart condition? YES / NO

If yes, please list: _____

Has your pet's eating and/or drinking habits changed in the past month? YES / NO

If yes, please list: _____

Has your pet had any previous anesthetic complications? YES / NO

If yes, please list: _____

Is your pet currently taking any medications? YES / NO

If yes, please list: _____

I certify that I am the owner/caretaker of the above named pet and that I hereby authorize Tomahawk Animal Hospital to care for the animal by performing the procedure(s) listed below:

I have been advised of the nature of the procedure(s) involved. I understand, as with any procedure, that there are possible complications to the aforementioned procedure(s). While Tomahawk Animal Hospital will do everything possible to avoid these, I've been made aware of the possible complications.

Should an emergency arise calling for procedures in addition to or different from those now contemplated, **I further request and authorize whatever emergency treatment is necessary.** I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. **When a dental is scheduled please be advised that extractions will be done when deemed necessary for the comfort of the pet, and the owner will be responsible for all charges at the time services are rendered.**

Occasionally, sedation and/or anesthesia may become necessary for the comfort and safety of your pet. While I understand that only safe and approved sedatives and anesthetics are used, **I also understand that no sedative or anesthetic is risk free.** With that knowledge, I hereby authorize Tomahawk Animal Hospital to sedate or anesthetize the above mentioned animal if required. I also release the staff of Tomahawk Animal Hospital from any and all claims, except claims for negligence, arising out of or connected with the performance of the requested care and/or treatment.

PLEASE REVIEW THE FOLLOWING 3 OPTIONS RELATING TO ANESTHESIA:

OPTION 1: SevoFlo (Sevoflurane) inhalant anesthetic consent/waiver:

SevoFlo is a newer inhalant anesthetic now available. The advantages of SevoFlo are that there is minimal metabolism of the anesthetic by the liver and there is a faster uptake and elimination of the agent by the animal's tissues. This results in a quicker and smoother induction, a high degree of control during surgery, and shorter recovery times. SevoFlo anesthesia costs an additional \$40 for pets under 50 pounds and \$60 for pets 50 pounds and over. I understand there are advantages to using SevoFlo over other inhalant anesthetics, however no anesthetic procedure is risk free.

_____ I Accept _____ I Decline SevoFlo Anesthesia.

OPTION 2: Intravenous catheter consent/waiver:

Intravenous catheter placement is required for all patients over 8 years of age, however we recommend it for all anesthetic procedures. Having a catheter placed allows us to administer fluids intra-operatively to your pet to combat a potentially serious drop in blood pressure called hypotension, as well to rapidly administer medications intravenously in the event of an emergency. The cost of a catheter is \$28.75.

_____ I Accept _____ I Decline intravenous catheter placement.

OPTION 3: Microchip implantation request:

An implanted microchip allows for fast identification and safe return of your pet in the unforeseen instance that you pet becomes lost. While anesthesia is not required for microchip implantation, it does provide an opportunity for more accurate, less painful, and stress-free placement of the microchip. The cost of microchip implantation is \$40.

_____ I request my pet has a microchip implanted

To prevent the spread of infectious disease and parasites, all hospitalized, boarded, and grooming pets must be current on all vaccines and free from internal and external parasites. Vaccines and parasite control will be provided by a veterinarian at the owner's expense.

I understand that I am financially responsible for all charges incurred from medical treatment at this facility. I also understand that all professional fees are due at the time services are rendered. We will gladly prepare a written estimate for you. Please ask our receptionist, technician, or veterinarian if you would like an estimate prepared.

Signature: _____

Date Signed: _____

Printed name: _____