

# American Animal Hospital

11030 Emmet St. Omaha, NE 68164

(402) 493-6767

## AUTHORIZATION FOR SURGICAL/DENTAL PROCEDURES

Owner's Name		Pet's Name	
Address:	City:	State:	Pet's Age:
Email:	Preferred method of contact for updates:	Phone number where you can be reached today:	

### Procedure(s) to be performed:

### Elective procedures while your pet is in our care:

- **Microchip:** Yes No (\$44.00)
- **Vaccinations:**  KC Rabies DHPP Lepto FVRCP FELV
- **Lump/Wart Removal:** Note how many and where located: **Biopsy:** Yes No
  - 1.
  - 2.
  - 3.
  - 4.
- **Microscopic Fecal Exam:** Yes No (\$26.55)
- **Canine: Heartworm Test:** Yes No (\$32.45)
- **Feline: FELV/FIV Test:** Yes No (\$47.90)
- **Pain patch:** Yes No (12.5mcg \$36.60) (25mcg \$58.55)
- **Flush and Clean ears:** Yes No (\$18.50)
- **Anal Gland Expression:** Yes No (\$22.60)
- **Current Medications:**

### Other Procedures:

\*Please note, complimentary toe nail trims are performed on all anesthetized patients

### Consent to perform extractions and other necessary procedures: (please initial)

Some patients require IV catheters (\$44.70) placed for medication administration, fluids and their safety while under anesthesia. It is required that the IV catheter site be shaved for this due to sterility.

Occasionally, pets need to have teeth extracted for their long-term comfort and health. We will only extract the tooth if it is medically necessary and cannot be repaired. There are additional costs associated with this oral surgery. Your pet will receive pain medications if he or she has a tooth or teeth extracted and you will also receive instructions post-surgically from your technician or doctor.

### Please read below and sign

- I hereby authorize American Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services has been described to me to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically, or professionally, be made regarding the results or cure.
- I also authorize the hospital director and staff to provide veterinary service as required, or in emergency circumstances, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised in writing.
- I understand that I assume full financial responsibility for all services rendered.

**Signature:**

**Date:**

**Witness:**

\*Copy available upon request