Office use only:

Weight _____

Was pet fasted? **Y / N**

Procedure _____

Date _____

Initials _____

Concordia Veterinary Clinic
2 NE Tenth Street, PO Box 153, Concordia, MO 64020
660-463-2332

Hospitalization &Surgery Authorization

Owner's Name: _____ Pet's Name: _____ Date _____

Phone Number: _____ *Procedure* _____

List procedure(s) to be performed: _____

_____

Estimated cost of procedure(s): _____

Pets entering the clinic who have external parasites (fleas and ticks) will be treated at the owner's expense.

Do you know of any allergic reactions or health problems your pet has? Yes ☐ No ☐

If yes, please explain. _____

Pre-Anesthetic Screen

Advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations. Heartworm infestation is also a cause of anesthetic risk.

Pre-anesthetic Blood Profile:

A pre-anesthetic blood profile can reduce your pet's risk under anesthesia. We will be completing this blood profile for routine surgeries (neuter, spay, dental, declaw) on your pet. For non-routine procedures this will be done at your doctor's discretion. If you have questions please ask your doctor. Other specialized blood tests are also available and are listed below. Please check the services you authorize.
If nothing is marked, you are declining the specialized blood tests.

☐ Heartworm Test only; dogs **$21.50**

☐ Feline Leukemia Virus, Immunodeficiency Virus Test; cats **$40.10**

☐ Heartworm & tick disease test; dogs **$42.10**

☐ Decline

Microchip:

We can implant a microchip on your pet for an ID that cannot get lost. This simple procedure can be performed while your pet is here today.
Does your pet have a microchip? Yes ☐ No ☐

Would you like a microchip implanted today? **$38.00** Yes ☐ No ☐

Continued on Back

Cardiac Arrest:

In the event of Cardiac Arrest would you like CPR efforts performed on your pet ? Yes ☐ No ☐

Efforts may include Oxygen, Epinephrine, and Chest Compression.
Estimated cost is **$25.00 - $60.00**

Pain Suppressant

Your pet will be sent home with oral pain medications at the veterinarian's discretion.
For optimal pain control, we also recommend:
Cold Laser Therapy: **$18.70** Yes ☐ No ☐
Injectable Simbadol for cats: **$22.70 per injection, once daily** Yes ☐ No ☐

Vaccinations:

For the safety of all patients in the clinic surgery ward, all surgery patients must be current on **Rabies, Distemper/Parvo and Feline Leukemia vaccinations.** Proof of previous vaccinations, if done elsewhere, must be presented to the clinic. If proof of vaccinations cannot be confirmed by the time of patient's surgery, vaccinations will be administered at the owner's expense.

☐ Rabies--- 1 year/3 year **$24.50/$30.00** ☐ Influenza **$35.50** ☐ FLVK +C **$30.00**

☐ Parvo/Distemper **$24.20** ☐ Kennel Cough /Bordetella **$17.60**

Additional Services:

While your pet is in the clinic, would you like any of the following additional services? If so, please check:

☐ Toe Nail Trim **$13.40** ☐ Ear Cleaning **$16.50**
☐ Fecal Analysis **$13.40** ☐ Anal Glands **$15.50**

Please list any additional treatments you would like to have done while your pet is here.
(Additional charges may apply.) _____

_____

Payment

Payment for elective surgeries is expected at the time services are provided or when the patient is released.
How do you plan on paying for the services chosen above: *(Please circle your answer.)*

☐ Cash ☐ Check ☐ Credit Cash ☐ Debit Card ☐ Care Credit

I understand the Concordia Veterinary Clinic will use reasonable precautions to assure my animal's safety while it is in the clinic care, but I will not hold Concordia Veterinary Clinic responsible if my pet should injure itself, escape, fail to eat, become ill, or die. I absolve Concordia Veterinary Clinic and it's staff of all liability arising from the performance of procedures herein. I also authorize the clinic doctors and staff to provide veterinary services as requested.

I have reviewed the information and statements above and agree to these policies and procedures.

Signed _____ Date _____

Emergency Phone Number (s) / Cell Phone Number _____