

COMMONWEALTH ANIMAL HOSPITAL  
1058 NORTH COLLEGE STREET  
HARRODSBURG, KY 40330  
859-734-2245

DRS. R. PAUL BOSSE

KATIE MCCLURE

JEFFREY PHILLIPS

## **AUTHORIZATION FOR SURGERY**

I hereby authorize performance of the following surgical procedure(s) \_\_\_\_\_  
on the following pet(s) \_\_\_\_\_.

The nature of the aforementioned surgery has been described to me to my satisfaction and I understand that no guarantee or warranty can ethically or professionally be made regarding the results or curative abilities of such surgery. I understand that all anesthetic and surgical procedures have a certain amount of risk that varies based on each pet's potential effect of surgery/anesthesia. In the event that complications arise and I cannot be reached immediately at the number below, CAH and its veterinarians are to make decisions they deem to be in the best interest of my pet(s). I agree to pay for all services rendered.

Signed: \_\_\_\_\_  
Owner or agent of owner

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Witness: \_\_\_\_\_  
Staff Member

### **PLEASE REQUEST OR REJECT THE FOLLOWING OPTIONAL PROCEDURES BY INITIALLING:**

#### **PRE-SURGICAL BLOOD TESTING:**

Includes a blood chemistry evaluation that checks liver and kidney values, blood glucose, and protein levels.

REQUEST: \_\_\_\_\_

REJECT: \_\_\_\_\_

#### **ADVANCED PRE-SURGICAL BLOOD TESTING:**

Includes the above blood chemistry evaluation as well as a complete blood count and clotting panel.

REQUEST: \_\_\_\_\_

REJECT: \_\_\_\_\_

#### **ADVANCED MONITORING:**

SurgiVet multi-parameter monitoring system tracks: blood pressure, ECG with heart rate, end tidal CO<sub>2</sub>, temperature, and specific pulse oximetry during your pets surgery to optimal anesthesia and patient monitoring.

REQUEST: \_\_\_\_\_

REJECT: \_\_\_\_\_

#### **HISTOPATHOLOGY: (on Doctor recommendation)**

Tumors/growths will be sent to laboratory for comprehensive testing.

REQUEST: \_\_\_\_\_

REJECT: \_\_\_\_\_

#### **POST-SURGICAL PAIN MEDICATION**

This includes an injection of pain medication while in the hospital as well as 4 – 7 days worth of medicine to be given at home orally. REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

**RADIOWAVE SURGERY**

Radiowave surgery is an advanced technological instrument that can be used for any surgical procedure. Your pet will have a shorter time under anesthesia, quicker healing time, and lower risk of infection. It also decreases bleedings and pain after surgery.

REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

**MISCELLANEOUS: (PLEASE INITIAL IN THE BLANK IF REQUESTED)**

NAIL TRIM \_\_\_\_\_ DENTAL CLEANING \_\_\_\_\_  
EAR CLEANING \_\_\_\_\_ BRUSH OUT/CLIP MATTS \_\_\_\_\_  
FULL EXAM \_\_\_\_\_ APPLY FLEA PREVENTION \_\_\_\_\_

**VACCINATIONS: (PRICE VARIES WITH SPECIES AND TYPE)**

Although we *require* only a current rabies vaccination in order for your pet to have surgery here, we *strongly recommend* keeping your pet current on other routine vaccinations as well. Dogs should be vaccinated for Distemper-Parvo, Rabies, and Kennel Cough. Cat should be vaccinated for Feline Distemper, Feline Leukemia, and Rabies. Additional vaccines may be recommended based on your pet’s lifestyle and exposure risks. We prefer that vaccines be current *before* any surgery, but they may be preformed at the same time as most surgical procedures.

**Please check the vaccines that you would like to have, and whether you request a full exam or just an office visit (technician fee):**

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_  
Distemper-Parvo \_\_\_\_\_ Feline Distemper \_\_\_\_\_  
Kennel Cough \_\_\_\_\_ Feline Leukemia \_\_\_\_\_  
Rabies \_\_\_\_\_ Rabies \_\_\_\_\_  
EXAM \_\_\_\_\_ or OFFICE VISIT \_\_\_\_\_

**INTESTINAL PARASITE CHECK**

Evaluates for parasites that may affect your pet’s ability to heal after surgery.

REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

**HEARTWORM/TICK BORNE DISEASE PANEL:**

Blood test for heartworms and exposure to tick-borne diseases.

\*CANINE patients only\* REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

**FELV/FIV/HEARTWORM TEST:**

Blood test for systemic potentially fatal disease (feline leukemia and feline AIDS) that may otherwise go undetected. \*FELINE patients only\* REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

**MICROCHIPPING:**

This provides a permanent form of identification for your pet; the microchip number will be registered in a national database that will allow you to find your pet should it become lost. Most animal shelters, humane societies, and vet clinics will be able to read the chip, which will be attached to your personal information.

REQUEST: \_\_\_\_\_ REJECT: \_\_\_\_\_

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**PRE-OP TECH EXAM:**

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_  
Fleas/Flea dirt present? \_\_\_\_\_ Deciduous teeth present? \_\_\_\_\_  
Neuter – 2 testicles descended? \_\_\_\_\_ Spay – pregnant or in heat? \_\_\_\_\_

**\*PLEASE NOTE THAT IF FLEAS or FLEA DIRT ARE PRESENT WE WILL TREAT YOUR PET FOR FLEAS TO AVOID HOSPITAL INFESTATION AND IMPROVE YOUR PETS ABILITY TO HEAL.**