



# Panorama Veterinary Services

## Authorization To Perform General Surgery

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

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

### **Authorization:**

I verify that I am the owner (or authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals including the rare occurrence of death. I have had an opportunity to discuss my concerns with a technician or veterinarian.

1. \_\_\_\_\_ has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risk involved with them.

2. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that payment is due at the time my pet is released from the clinic. I have been given a written estimate. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. I understand that if overnight hospitalization is required, transfer to a 24-hour facility will be arranged at additional cost depending on the level of care required.

4. For animals under 7 years of age we strongly recommend a pre-anesthetic blood panel prior to surgery to ensure your pet has no underlying health concerns which might increase the risks associated with surgery, anesthetic agents or medications. This can be done before surgery for an extra charge of \$194.50. I would like this service **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**\*BLOODWORK IS MANDATORY FOR ANIMALS 7 YEARS OF AGE AND OLDER\***

5. Please give my pet a nail trim at NO CHARGE while he/she is under anesthetic  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

6. While your pet is under anesthetic, we will perform an otoscopic exam of his/her ears. Occasionally we find spear grass deep down in the ear canal that should be removed as it can cause discomfort and secondary infections. If we do find spear grass, we recommend removing it. The extra charge for this is \$39.00. Do you consent to this service if needed? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

7. When did your pet last eat? \_\_\_\_\_

8. Do you have any other concerns with your pet?  
\_\_\_\_\_

9. Is your pet on any CBD products? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, when were they last treated?  
\_\_\_\_\_

10. Is your pet on **ANY MEDICATIONS**, including Metacam, gabapentin or Prednisone? If yes, which medications and when were they last treated?  
\_\_\_\_\_  
\_\_\_\_\_



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11. Does your pet have any known allergies? \_\_\_\_\_

12. Are your pets' vaccines and deworming up to date? \_\_\_\_\_

13. After surgery, some pets will want to lick or chew at their incision. For those that exhibit these behaviors under our supervision, an e-collar (cone) will be fitted and charged on the invoice. **We strongly recommend your pet wear a e-collar or medical shirt for 14 days after surgery.** I would like an e-collar or medical shirt (Please circle)

I understand that if I decline this recommendation, I will be responsible for any costs associated with complications resulting from not taking an e-collar or medical shirt.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_ Initial: \_\_\_\_\_

14. It is **MANDATORY** that you can be reached by phone at any time while your pet is under our care.

If the doctor **cannot reach me by phone** and in the event the doctor discovers additional treatment(s)/procedure(s) they deem necessary, that are not outlined on the signed estimate, I would like the doctor to:

Choose one of the following options:

\_\_\_\_\_ I **DECLINE** any additional treatment(s)/procedure(s) and I understand that my animal will be woken up from anesthetic.

\_\_\_\_\_ I **CONSENT** to the doctor proceeding with additional treatment(s)/procedure(s) over the outlined signed estimate.

- \_\_\_\_\_ up to \$200
- \_\_\_\_\_ \$201 - \$500
- \_\_\_\_\_ \$501 - \$1000
- \_\_\_\_\_ \$ other

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*I have read and understand this authorization*

Client signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number(s) where I can be reached today:

\_\_\_\_\_