



Panorama Veterinary Services

Authorization To Perform Spay/Neuter 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. FEMALE DOGS: We do not recommend ovariohysterectomy during an active heat cycle due to increased risks of bleeding during and after surgery. When was your dog last in heat? _____ Please be aware that if you request surgery while your dog is in heat, there will be an extra charge of \$227.10. We will make every attempt to determine if your dog is pregnant prior to surgery; however, if your dog is pregnant there will be an extra charge of \$246.70. You have the option of allowing the surgery to continue or allowing the pregnancy to continue.

Abort Pregnancy _____ **Continue with Pregnancy** _____

4. FEMALE CAT OWNERS: Please be aware that if your cat is in heat at the time of surgery there will be an extra charge of \$38.70. We will make every attempt to determine if your cat is pregnant prior to surgery; however, if your cat is pregnant there will be an extra charge of \$188.40. You have the option of allowing the surgery to continue or allowing the pregnancy to continue.

Abort Pregnancy _____ **Continue with Pregnancy** _____

5. 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.

6. Please give my pet a nail trim at NO CHARGE while he/she is under anesthetic. Yes___ No___

7. We strongly recommend a pre-anesthetic blood panel prior to surgery to ensure your pet has no underlying health concerns which might increase risks associated with surgery, anesthetic agents or medications. This can be done before surgery for an extra charge of \$107.75.

I would like this service **Yes** _____ **No** _____

BLOODWORK IS MANDATORY FOR ANIMALS 7 YEARS AND OLDER

8. Would you like your animal tattooed or microchipped for identification? This identification proves ownership and increases the chances of you being reunited with your pet if he/she becomes lost. Tattoos are recognized through all veterinary clinics, SPCA's, and dog pounds **in BC**. Internationalized microchips are recognized worldwide.

Tattoo (\$88.50) _____ Microchip (\$88.50) _____ Neither _____

9. While your pet is sedated/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** ___



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10. Dogs are meant to have 42 adult teeth by the time they are 6 months old. If teeth are found to be missing, they may have never developed and are truly missing, or they can be trapped under the gum line. We recommend obtaining x-rays of the jaw under anesthetic where the missing teeth are. Unerupted teeth should be removed as they can form a cyst and weaken the jawbone, which can lead to a jaw fracture. Do you consent to x-rays if teeth are found to be missing? The cost for the initial set up and 1st x-ray is \$68.00 and any additional x-ray is \$32.50 up to a maximum of \$250.40?

Yes _____ **No** _____

11. Some dogs and cats over the age of 6 months retain a few of their baby teeth. This can lead to dental problems and misaligned adult teeth. We can remove any baby teeth that have not fallen out while he/she is under anesthetic. The cost is \$110.60 per deciduous (baby) tooth. Would you like any remaining baby teeth to be removed today? **Yes** _____ **No** _____

12. When did your pet last eat? _____

13. Do you have any other concerns with your pet? _____

14. Is your pet on any medications including any **CBD** products? **Yes** _____ **No** _____
If so which ones and when was your pet last treated? _____

15. Is your pet on **ANY MEDICATION**, including Metacam, gabapentin or prednisone? If yes, which medications, and when were they last treated? _____

16. Does your pet have any known allergies? _____

17. Are your pets' vaccines and deworming up to date? _____

18. 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 an 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 in not taking an e-collar or medical shirt.

Accept: _____ Decline: _____ Initial: _____

19. It is **MANDATORY** that you can be reached 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 estimate.

_____ up to \$200
_____ \$201 - \$500
_____ \$501 - \$1000
_____ other amount \$ _____

I have read and understand this authorization

Client Signature: _____ E-mail address: _____

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