



Authorization for Medical Treatment / Surgery or Drop Off

Owner's Name _____

Contact number today 1) _____ 2) _____

3) _____ It is OK to text me. Y/N _____

Pet's Name _____ Pet's Weight _____

Procedure _____

Separator line of small circles

What time did your pet last eat? _____

Vaccinations verified current? Y/N

Vaccinations required to be updated _____

Known allergic reactions to: Antibiotics ___ Anesthetics ___ Medications ___ None ___

Specific medication pet is allergic to _____

Current medications _____

What time were they given? _____

Separator line of small circles

While your pet is here today, you may elect to have additional services done if time allows. Please check the additional services you wish your pet to have today.

Nail trim ___ Anal sac expression ___ Microchip ___

Refill medications ___ Other (list below) ___

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I understand that I am responsible for full payment at the time I pick up my pet. I also understand that this is an estimate only.

I have been informed that there can be additional surgery charges if my pet is in heat, pregnant, obese, has enlarged mammary glands, or has only one testicle.

If any life-saving procedures are necessary, TVH will make every effort to contact me first. I will be responsible for paying for such services.

TVH may ___ / may not ___ (check one) provide life-saving treatment if needed.

I have read and initialed each page of the Surgical Information Packet.

Owner signature _____ Date _____