

# Down Maine Veterinary Clinic Procedure Authorization Form

Please read this form thoroughly

*Please circle appropriate procedure*

**Outpatient Procedures:** castration, spay, dentistry, growth removal, Other \_\_\_\_\_

**Imaging:** X-rays, PennHip, Ultrasound

**Preventive Care:** Annual Exam

**Vaccines:** DHLPP, Canine Rabies, Canine Bronchitis, Lyme, FVRCP, Feline Rabies, Feline Leukemia

**Blood Tests:** 4DX, Felv/FIV test

**Surgery/Hospitalization** \_\_\_\_\_

## **Pain Medicine**

All patients undergoing surgical procedures will receive preoperative pain medicine and will be sent home with pain medicine for 5-7 days.

## **Laboratory Tests**

All surgical patients receive a physical exam. However, the most thorough way to assess anesthetic risk is to perform preoperative tests. **We require preoperative testing on all patients older than five years and highly recommend it for all others.** If you desire your pet to be tested please choose among the following:

**CBC/Chemistry:** **Highly recommended for patients older than ten years.** Measures electrolytes, protein, glucose, platelet and cholesterol levels; tests for infection, anemia, liver and kidney disease. Our most comprehensive blood test.  
Yes\_\_\_ No\_\_\_ (\$ \_\_\_\_\_)

**Preoperative Blood:** Our basic blood screening. **Required on all patients older than five years.** Measures protein levels, tests for anemia and kidney disease. (Not necessary if you chose the CBC/Chemistry).  
Yes\_\_\_ No\_\_\_ (\$ \_\_\_\_\_)

**Electrocardiogram (ECG):** This test evaluates the electrical function of the heart. An ECG is highly recommended for dog breeds predisposed to heart problems such as **Dobermans** and **Boxers**.  
Yes\_\_\_ No\_\_\_ (\$ \_\_\_\_\_)

## **Dentistry:**

In order to make the most informed decisions regarding your pet's dental health, each dental patient will receive a thorough oral exam and a full-mouth series of X-rays.

**If it is determined that your pet requires a tooth or teeth to be extracted, how would you like this to be handled?**

*Perform the extraction(s)* \_\_\_\_\_

*Please call me \* \_\_\_ I can be reached at the following number: \_\_\_\_\_*

**\*Please note: If you request to be called and you cannot be reached the extractions will not be performed.**

## **Would you like your pet to receive a Home Again microchip?**

The number 1 cause of pet death is getting lost. The Home Again microchip is your pet's best chance of being returned to you should he/she get lost or stolen. \_\_\_\_\_

## **Notification of Staffing Hours**

Our facility is staffed on weekdays from 7:30 a.m. to 6 p.m. and on Saturday mornings from 8 a.m. to 12 p.m. and Saturday afternoons from 3 to 5 p.m. depending on the number of animals to be cared for. On Sundays staff is present from 7a.m. to 10a.m. and from 3 to 5 p.m. depending on the number of animals to be cared for.

## **Authorization**

I hereby authorize the Down Maine Veterinary Clinic to perform the above procedure(s). I am aware that every effort will be made to ensure a successful outcome but that there are certain inherent risks associated with any surgical procedure that may prevent success. **By signing this form I agree to take financial responsibility for the procedures selected above.**

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

Daytime phone number: \_\_\_\_\_