



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) \_\_\_

Separator line of small circles

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 \_\_\_\_\_