



AUTHORIZATION TO PERFORM SURGERY/DENTAL CLEANING

Date: _____

Client Name: _____

Patient Name: _____

Information: Address: _____

Information: Breed: _____

Sex: _____

Date of Birth: _____

Procedures: ___

Current Medications: ___

Personal Belongings: ___

Was your pet fasted overnight? ___

Has your pet experienced any abnormal behavior recently? (ie: lethargic, vomiting, diarrhea, change in appetite, change in urination) ___

Is your pet current with all of their required vaccinations? ___

When was your pet last in heat (females only)? ___

- PREANESTHETIC BLOOD TESTING: *Mandatory for all animals over 6 years of age*

- Elective Surgery under 6 yrs of age** Mini blood chemistry, electrolytes and CBC testing to assess liver, kidney function, anemia, infection and dehydration in your pet for safe anesthetic protocols. **\$105.00**
- Elective Surgery over 6 yrs of age** Full Blood chemistry, electrolytes and CBC testing to assess liver, kidney function, anemia, infection, dehydration and electrolyte imbalance in Senior pets for safe anesthetic protocols. **\$151.00**
- Non-Elective Surgery Bloodwork** See your personalized estimate from your veterinarian for the required bloodwork. **See Estimate**
- Heartworm/Lyme Test add-on** Blood test for heartworm, lyme disease, anaplasma and ehrlichia as routinely done every spring. *As an addition to the above bloodwork only* **\$39.00**
- Decline**

- INTRAVENOUS FLUID THERAPY: *Mandatory for all dental procedures, brachycephalic breeds, dogs under 4 kg, cats under 2 kg, and animals over 6 years of age*

- Accept** To allow immediate access to a vein in case emergency drugs need to be administered. To keep your pet hydrated before, during and after surgery. This also helps the body to flush out the anesthetic drugs used during surgery. **\$49.00**
- Decline**

- DENTAL RADIOLOGY: *Mandatory for all extractions*

- Accept Full Mouth** Dental X-rays assist the veterinarian in diagnosing dental disease that is not apparent on the surface such as bone loss, periodontal pockets, abscesses, resorptive lesions. **\$135.00- \$195.00**
- Accept Individual** X-ray only the teeth with suspicious disease. **\$35.00 ea.**
- Decline**

- HISTOPATHOLOGY: *For lump removals only*

- Accept** Professional interpretation of the tissue removed. This is the only method of making a diagnosis on the type of lump being removed. **\$190.00**
- Decline**



**102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244**

- **TATTOO** (free): **Accept** **Decline**
- **MICROCHIP**(\$69): **Accept** **Decline**
- **FLUORIDE TREATMENT** (\$19-24): **Accept** **Decline** *Free w/ dental cleaning*
- **PROTECTIVE APPAREL** (must pick one): **E-Collar** (\$10-20) **Medical Shirt** (\$43-52)

With a routine spay or neuter there are other medical conditions that we may come across during our pre-surgical exam. If any of the following are found we will attempt to contact you prior to beginning of surgery.

- Cryptorchid Inguinal \$95** **Umbilical Hernia Female \$84** **In Heat \$46**
- Cryptorchid Abdominal \$265-290** **Umbilical Hernia Male \$115** **Additional Anesthetic \$73/30 mins**

In the event **I cannot be reached**, Sage Creek Animal Hospital has permission to proceed with medical care for:

- A life-threatening condition (i.e. resuscitation):
 Accept **Decline**
- Additional services that will preserve or enhance my pet’s health (i.e. dental extractions):
 Accept **Decline**

I hereby authorize and direct the veterinary staff of the Sage Creek Animal Hospital to perform the above-mentioned procedure(s) and additional diagnostic and /or treatments as deemed advisable or necessary for my pet. The nature of the procedure(s) has been fully explained and I understand them.

I also certify that no guarantees or assurances have been made regarding the results that may be obtained. I understand there may be risks involved in the procedure(s).

Furthermore, I accept the financial responsibilities for all charges incurred to be settled at the time of discharge unless otherwise arranged with the hospital. I understand that any written or quoted estimates are an approximation and the costs may be more or less than the amounts.

With my signature I hereby certify that I have read and fully understand the above statements.

Sage Creek Animal Hospital would like your permission to use photographs and/or videos taken of your pet during their visit with us. These photographs and/or videos are for Sage Creek Animal Hospital to disclose during educational activities, at its events and in its promotional material, in print and electronic format, including on the Internet via the Sage Creek Animal Hospital website or other social media. **Accept** **Decline**

Sage Creek Animal Hospital reserves the right ensure all pets are sent home with an appropriate restraint system such as a carrier or a leash. In the case that the owner cannot provide a carrier or leash, Sage Creek Animal Hospital will supply one for a fee which may or may not be refundable.

Primary Contact Name & Number today: __

Secondary Contact Name & Number today: __

Signature: _____