

Authorization for Professional Services

Palo Duro Animal Hospital

Veterinarian: Robert Ballinger DVM

Owner: <first-name> <last-name>
Street: <address>
City: <city>
Phone: <phone>

Patient: <animal>
Breed: <breed> Sex: <sex-name>
Age: <age> Color: <color>

I, the undersigned, am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s)

Add'l Notes / Services:

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved, including death or disability. I realize that results cannot be guaranteed.

Pre-anesthetic blood testing is recommended in all cases and may be required in some. A modified blood profile is recommended for pets less than 7 years of age and a general blood profile are recommended for those over 7 years of age.

Comp panel Blood Profile	Yes ()	No ()
Pre-anesthetic Blood Profile	Yes ()	No ()
Doctor's Choice	Yes ()	No ()

Placement of an intravenous catheter and administration of intravenous fluids helps support the patient's blood pressure while under anesthesia, which improves blood flow to the organs and tissue. It also greatly decreases the time required should intravenous medications be required during anesthesia. Most surgical procedures result in some degree of postoperative pain. To alleviate this, the doctor will prescribe medications to control postoperative pain. If you have questions regarding this or any aspect of your pet's care, the doctor is available to answer your questions.

Additional Procedures to be performed while under anesthesia?

Dental Cleaning	Yes ()	No ()	Location _____
Lump Removal	Yes ()	No ()	
Ear Clean/Flush	Yes ()	No ()	
Microchip	Yes ()	No ()	

List ALL medications your pet has taken in the last 7 days:

I understand that if my pet has external parasites it will be treated at my expense.
I have read and understand this authorization and consent.

Signature: _____ Date: _____

Phone number where you can be reached today: _____