

**Fernandina Beach Animal Clinic
Surgical Admit Authorization**

SECTION 1: To be completed by Reception Staff

Patient Name: _____ Owner: _____
Surgical Procedure Being Performed: _____

SECTION 2: To be completed by Client

Your Name: _____ Contact Name (if different): _____
Your Contact Phone #: _____ Additional Contact Phone #: _____
Was food removed from patient last night? Yes _____ No _____
Are there any new symptoms or illnesses to report? Yes _____ No _____
Current medications, dosage, frequency:

Core Surgery:

All surgical procedures include an IV catheter, anesthetic and an analgesic protocol that provides adequate pain relief at the time of surgery, for your pet.

Surgical/Anesthetic Options:

Some risk is involved with any surgery or anesthetic procedure. Surgical options are recommended to enhance patient safety and comfort.

We recommend a pre-surgical exam and pre-operative blood work. If completed already, _____ date.
_____ Pre-op CBC/Chemistry 3, \$51.00.

We recommend IV fluid therapy during surgery.

_____ Intravenous fluid therapy, \$28.00. Intravenous fluids are highly recommended during any anesthetic procedure to hasten recovery (supports blood pressure and organ function) and allows for a faster medical response in the event of an emergency. Note: all dogs and cats greater than 8 years are required to have intravenous fluids.

We recommend additional pain relief medication for several days following the surgery, to further ensure your pet's comfort.

_____ At-home pain relief. \$10.00 - \$30.00. This provides pain relief to be given at home as an animal can have discomfort for a period of time after surgery.

Note: All animals admitted into the clinic will receive a de-flea pill (Capstar) \$6.50.

By signing below, I authorize Fernandina Beach Animal Clinic or Lofton Creek Animal Clinic to perform the surgical procedure and/or preventative health treatments as described above. I have been adequately informed about the procedure to be performed and the associated risks involved, and an estimate of the cost.

Owner/Owner's Representative

Date

SECTION 3: To be completed by admitting Technician:

SX Estimate provided: _____ SX description provided: _____

Vaccine Status: _____

Brief Exam: _____

<u>Additional Surgical Information:</u>
<u>Additional Dental Information:</u>
<u>Other Information:</u>
<u>Medical Services Options:</u>
These services are easier to perform, and less painful to your pet under anesthesia:
_____ Microchip \$48.00 _____ Oravet application \$32.00
These services are easier and safer to perform in your anesthetized pet, and therefore are discounted at the time of surgery:
_____ Nail trim \$10.00 _____ Ear cleaning \$14.00 _____ Anal Gland Expression \$12.00