



Surgery, Sedation, Treatment Authorization

Stephanie Shane, DVM
Stephanie Henderson, DVM
(703) 897-0100
5548 Staples Mill Plaza
Woodbridge, Virginia 22193
www.StaplesMillVet.com

Client: _____ Pet: _____

Weight: _____ lbs Age: _____

Cell Phone: _____ Home Phone: _____

Other Phone: _____

Description of Treatment:

As the owner or agent of the above described patient, I do consent and order the procedure(s) or operation(s) described on this form. I understand that during the performance of the said procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of foregoing services. I hereby authorize the performance of such services as are necessary and desirable in the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medication, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised regarding the nature of the procedures and risks involved and understand that results cannot be guaranteed. I have read and understand this authorization and consent.

I agree to pay for all services in full when my pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances. I understand the estimate given is an approximation and actual cost may be greater or less than this amount. This hospital may require a 50% deposit at the time of admitting -- we will provide a written estimate at this time if you so desire.

Print name: _____

Signature: _____

Date: _____



Anesthesia Authorization

Stephanie Shane, DVM

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Pet: _____

Pre-anesthetic Testing: Since a physical exam alone will not identify all of your pet's health problems, we require a pre-anesthetic blood work profile be performed prior to anesthesia. The tests we perform are similar to and equally important as those your own physician would run if you were going to undergo anesthesia. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Post-Surgical Pain Medications: Research indicates that while pets may appear to withstand pain better than humans, they do, in fact, experience pain to a great degree. During the hospital stay, your pet will receive anesthetic drugs to prevent pain. Additional medications are available which enable us to safely and effectively control the level of your pet's comfort during their recovery at home. Since we care about your pet's comfort and strongly believe pain relief is important, we recommend home pain management. **Accept (\$18-\$26)** **Decline**

Dentals: Often the true nature of dental disease is not revealed until the patient is examined while under anesthesia and some of the tartar has been removed. Every effort will be made to salvage your pet's teeth, however, sometimes teeth need to be extracted for the health and comfort of your pet.

Spays or Neuters: Any baby teeth that have not fallen out by six months of age should be removed to avoid damage to permanent teeth.

To provide the best care for your pet, we would like to have permission to perform extractions as deemed necessary by the veterinarian. **Permission to extract** **Do not extract**

Heartworm Preventive: All dogs undergoing anesthesia of any kind must have a current heart worm test indicating they are free of heartworms and must be on year-round heartworm prevention or be tested before anesthesia is used. This requirement is for dogs only. **HW Test is current** **HW Test is not current**

Microchip: We strongly believe in microchipping every pet. Microchips offer the best possible chance for your pet to return home if lost. We offer this service at a much reduced rate of only \$20 for placement (plus a \$17.99 fee for the HomeAgain® registration service) **Yes, place chip** **No, Thank you**

Print name: _____

Signature: _____

Date: _____