

**Royse City Veterinary Hospital**

905 Pullen St.

Royse City, Texas, 75189

Ph: 972-636-4484

Email: info@rcvethospital.com

Date: _____

Anesthesia Authorization Form

Name: _____

Patient Name: _____

Best Phone Number Today: _____

Alternate Phone Number: _____

Vaccines and Intestinal Parasite Screening must be current (and have been administered by a licensed veterinarian) for a pet to be admitted for surgery. In order to maintain a parasite-free facility, pets entering the hospital with fleas, ticks and/or testing positive for intestinal parasites will be treated, and the appropriate fees will be applied to the invoice.

Has your pet eaten this morning? Yes ☐ No ☐Has your pet ever been anesthetized? Yes ☐ No ☐

If yes, did your pet have any complications? _____

Has your pet been on any medications in the past week? Please List and list the last done given.

1. _____ Tab/Capsule/Drops Given Today ☐ AM ☐ PM2. _____ Tab/Capsule/Drops Given Today ☐ AM ☐ PM3. _____ Tab/Capsule/Drops Given Today ☐ AM ☐ PM☐ Trim Toe Nails \$22 plus tax**Surgical Procedure:**☐ Spay (If in heat or obese additional charge) ☐ Neuter (If cryptorchid additional charge)Young dogs can have retained baby teeth and need to be extracted (additional charge) ☐ Approved ☐ Declined ☐ Call☐ Mass removal: Location **(PLEASE SHOW STAFF MEMBER)**Other Procedures: (If Orthopedic procedures please specify **Right/Left** and **Front/Rear** legs)☐ Dental: ☐ Extraction(s) approved and additional charges
☐ Please call before proceeding with any extractions

If you are unreachable how do you want us to proceed when extractions are necessary

☐ Approve extractions and additional charge☐ Decline extractions without verbal approval



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Microchip:

A permanent form of identification that can aid in recovery if lost... \$53.00 +tax for the chip, placement and first year registration

- ☐ Accept
☐ Declined
☐ Already Performed

Blood Work:

There is an inherent risk to any anesthetic procedure and we take all precautions necessary to minimize the risk. We recommend blood work be performed prior to the anesthetic/surgical procedure as this may detect anemia/platelet problems, liver or kidney abnormalities. **Blood work is required in pets older than 7 years of age.** (additional charge to anesthesia/surgery)

- ☐ Mini Chemistry: Liver, Kidney, Glucose, Protein levels \$87
☐ Comprehensive Chemistry/CBC: Liver, Kidney, Glucose, Protein, Electrolytes, Red & White Blood Cells and Platelets \$108
☐ Already performed in past 30 days
☐ Declined

Vaccines: Must be current on **Rabies, DHL4PPV and Bordetella for dogs** and **Rabies and FVRCP/Leukemia (or current negative Leukemia test) for cats** coming into hospital.

Both cats and dogs must be free from internal/external parasites and have had a **negative intestinal parasite test in the past year.** ☐ Current

Dogs: Need: ☐ Rabies ☐ DHPPV ☐ Lepto4 ☐ Bordetella ☐ Heartworm Test ☐ Intestinal Parasite Screen
Cats: Need: ☐ Rabies ☐ FVRCP ☐ FeLV ☐ FeLV/FIV Test ☐ Intestinal Parasite Screen

Should unexpected life-saving emergency care be required and the hospital is unable to reach you, the doctor:

☐ Has ☐ Does Not Have permission to provide such treatment at additional cost.

I hereby authorize the veterinarians at Royse City Veterinary Hospital to perform such diagnostic, treatment and/or surgical procedures as deemed necessary for my pet. The nature and risk of the procedure(s) have been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk and the potential for complications including death. I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. All animals admitted must be current on vaccinations and be free of external parasites. Animals not in compliance with the above policy will be treated at owner's expense. Any estimate of charges or fees for presently planned procedure(s) is only a best approximation and the final bill may be greater or less than this amount. I have read the above conditions for treatment and acknowledge that I may have a copy of this form, if requested.

☐ I have read and understand

All fees for services are due when patient is released.

☐ I have read and understand

Owner or Authorized Agent Signature: _____