



Hospitalization, Surgery, and Dentistry Authorization

Date: _____
Owner's Name: _____
Phone **TODAY**: _____

Pet's Name: _____ Breed: _____
Canine: _____ Feline: _____ Color: _____ Male / Female

I am the owner or authorized agent of the pet described above. I authorize Falls Church Animal Hospital to hospitalize my pet for the purpose of diagnosis, treatment, surgery or other procedures recommended below. I also consent to the administration of such anesthetics as are necessary and I am aware of the risk associated with these anesthetics. I further understand that no guarantee of successful treatment is mad, but that all reasonable precautions and quality of care will be rendered for the patient. I have read and understand this authorization for the described procedures, the reason why such procedures, the reason why such procedures are considered necessary, as well as the advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to the patient and agree to pay all charges at the time of release.

AUTHORIZED PROCEDURES: _____

DENTISTRY PATIENTS: I authorize the extraction (removal) of all teeth that the Staff veterinarian deem necessary.

Note: It is the policy of the Falls Church Animal Hospital to administer appropriate pain prevention medication to all pets that are undergoing a surgical or dental procedure. The cost for the administration of routine pain medication;

Up to 25 lbs. (0042) \$26.50

26-50 lbs. (0047) \$36.50

Over 50 lbs. (0048) \$42.50

PRE-SURGICAL LABORATORY REQUIREMENTS

(See back of form for an explanation of the various lab tests)

Pre-surgical lab screening for all pets 8 yrs. and older. Fee: \$94.25

Pre-surgical lab screening for all pets 1-7 yrs. Fee: \$73.50

Pre-surgical lab screening for all pets under 1 yr. Fee: \$46.50

All pets 8 years and older will have an intravenous catheter placed and will also receive intravenous fluids to provide the maximum in safety for your pets.

Catheter cost: \$ 36.25

Fluids cost: \$ 27.60

Signed: _____ Date: _____



PRE-SURGICAL REQUIREMENTS

PRE-ANESTHETIC PROFILE REQUIRED FOR PETS UNDER 1 YEAR OF AGE. Cost: \$46.50

PCV (anemia)
Total Solids (dehydration)
BUN (kidney)
Glucose (blood sugar)

PRE-ANESTHETIC PROFILE REQUIRED FOR PETS 1 – 7 YRS. OF AGE.
Cost: \$73.50

Complete Blood Count (assess anemia, infection, clotting)
BUN (kidney)
Creatinine (kidney)
ALKP (liver)
ALT (liver)
Total Protein (hydration)
Glucose (blood sugar)

PRE-ANESTHETIC PROFILE REQUIRED FOR PETS 8 YS. OF AGE AND OLDER.
Cost: \$94.25

Complete Blood Count (assess anemia, infection, clotting)
BUN (kidney)
Creatinine (kidney)
ALKP (liver)
ALT (liver)
Total Protein (hydration)
Glucose (blood sugar)
Albumin (liver, kidney, intestinal disease)
Globulin (immune status)
Amylase (pancreas)
Calcium (some types of cancer, parathyroid)
Phosphorus (kidney)
Total Bilirubin (liver, bile ducts, gall bladder)
Cholesterol (thyroid, pancreas, liver)
