



**ANIMAL HOSPITAL OF LYNNFIELD
AUTHORIZATION FOR GROOMING AND PROFESSIONAL SERVICES**

Pager # _____
(office use only)

Pet's Name _____ Date _____

Name _____

ALL phone numbers where you will be today: () _____

() _____ () _____

Email _____

Grooming needs: _____

NOTE: Please be as specific as possible so our groomer can ensure the proper cut, bath and care of your pet. All grooming includes a nail trim and ear cleaning, so please specify if you do not want these services.

Is your pet painful or sensitive in any areas? Yes No

While your pet is here for grooming, would you like your pet examined by a doctor? Examination fee will apply.

Yes No

If yes to either of the above, describe any problems your pet may be having

Should other procedures (skin scrape, ear smear, dental cleaning, stool samples, etc) be deemed necessary or desirable in the attending veterinarian's professional judgment, **check ONLY ONE**:

- I **prefer** Animal Hospital of Lynnfield to proceed with all procedures.
- I **prefer to be phoned prior** to any additional procedures, other than emergencies. However, if I cannot be reached, I authorize unforeseen non-emergency procedures.
- If I **cannot** be reached, I **do not** authorize unforeseen, non-emergency procedures.

NOTE: Kennel cough vaccine is required for all dogs that are being groomed and will be given if not current for the safety and well being of our patients. All animals groomed at this facility will be made current on all vaccines and preventative care (rabies, distemper, fecal).

If your pet is in need of a **DENTAL PROCEDURE**, how would you like us to proceed?

- Yes, please proceed with the dental procedure
- Please call me first, **but if I cannot** be reached proceed as medically advisable.
- If I **cannot** be reached, I **do not** authorize any dental work done at this time.

If we will be doing a dental cleaning on your pet, do you authorize tooth extractions if deemed necessary?

- Yes, proceed with any teeth extractions deemed necessary
- Please call me first, **but if I cannot** be reached proceed as medically advisable.

Would you like an estimate for any procedures today? Yes No I have already received a copy

Has your pet eaten today? _____ If yes, when: _____

<Over Please>

Has your pet been medicated today? Yes No
If yes, what medications and time given _____

BLOODWORK CONSENT

We recommend those pets undergoing anesthesia have basic bloodwork performed prior to the procedure. If your pet is ill or older we recommend more detailed bloodwork. These recommendations are as follows:

1. In apparently healthy, young pets we suggest basic tests to check blood clotting ability, anemia, diabetes, and assess kidney function. The cost is \$46.62.
2. In cats over 9 years and dogs over 7 years or pets with a medical/surgical problem, we recommend more comprehensive pre-anesthetic tests to assess blood clotting ability, check for anemia, diabetes, assess kidney and liver function among other parameters to optimize safety. The cost is \$88.20.

PLEASE CHECK ONE:

- YES**, I would like to do these tests on my pet before anesthesia.
 NO, I decline the recommended bloodwork.

ANESTHESIA INTENSIVE SUPPORT (I.V. CATHETER)

We recommend that all animals while under anesthesia and recovering from surgery have an intravenous catheter and fluids. Having a catheter in your pet during anesthesia allows us more options in pain management before, during and after surgery. Especially as new non-steroidal anti-inflammatories become available for surgical pain. In addition, should your pet have any complications during anesthesia quick access to a vein is important. Intravenous fluids speed up the recovery process and help with maintenance of blood pressure during anesthesia. The cost is \$101.64.

- YES**, I would like to do these precautionary measures
 NO, I decline. (I understand I can only decline in dogs under 7 years old and cats under 9 years old. See below.)

NOTE: The intravenous catheter and fluids are required for dogs that are 7 years and older, for cats that are 9 years and older and for any animal with medical condition that warrants these extra care measures.

I am the owner, responsible agent for, or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or procedure, and that results cannot be guaranteed. I authorize the veterinarians and the staff of the designated agents of The Animal Hospital of Lynnfield to perform all procedures as set forth above including surgery, medical services, treatment, laboratory tests, x-rays, medications, and anesthetics. Further, in case of emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgment. I understand that an attendant is not on hospital premises 24 hours per day. I consent to the release of medical information.

I AGREE TO PAY IN FULL FOR SERVICES PERFORMED INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR UNFORESEEN CIRCUMSTANCES.

Signature: _____

Date: _____