SMALL MAMMAL SURGERY AUTHORIZATION
ALL PETS MEDICINE, SURGERY & REHABILITATION CLINC
MAPLETON, MN. 56065
507-524-3748

Owner's Name: _____ Pet's Name: _____ Species: _____ Age: _____

Phone number(s) you can be reached for the day of surgery: _____
How would you like us to communicate with you after surgery? ☐ Text   ☐ Phone call

Surgical Procedure: _____

FEMALE PATIENTS ONLY:

      Has your pet had any litters? Yes ☐   No ☐   If so, when was the last time? _____

      Is your pet pregnant? Yes ☐   Unsure, it's a possibility ☐

If your pet is found to be pregnant at the time of surgery, we have two options:
    ☐ **Continue with surgery.** There will be an additional fee to spay a pregnant animal. (A pregnant uterus is larger in size and has an increased blood supply which leads to longer surgery time.)
    ☐ **Stop surgery and let pet continue the pregnancy**. You will be charged for the anesthetic and surgery time up to this point.

Please list current medications and time of last dose: _____

Has your pet displayed any of the following in the last 2 weeks?: (check if yes)
      Sneezing ☐   Coughing ☐   Diarrhea ☐

Has your pet had any previous… (Circle yes or no):
….Illness?   Yes   No   If yes, please explain: _____
….Injuries?   Yes   No   If yes, please explain: _____
….Surgery?   Yes   No   If yes, please explain: _____

When did your pet last eat? _____ Did you bring its food/water? _____
What do you feed your pet regularly? _____

OTHER SERVICES: Please check any of the following services you would like us to perform:
    ☐ Check Ears (no charge)   ☐ Teeth Trim
    ☐ Nail Trim (no charge)   ☐ Other (please describe) _____

If any abnormalities are found during our exam before the surgery, we will attempt to reach you so that we can discuss them. If fleas are found on your pet during exam, your pet will be treated with Revolution or Advantage Multi at your expense to kill the fleas and protect our other patients.   He/She will be ready for you to pick up this afternoon after 2:00p.

Pick up time: _____ **(please schedule a time with the technician)**

Owner Signature: _____ Date:_____ Staff member check in initials: _____