

RABBIT SURGERY AUTHORIZATION

ALL PETS MEDICINE, SURGERY & REHABILITATION CLINIC
MAPLETON, MN. 56065 507-524-3748

Owner's Name: _____ Pet's Name: _____ 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

Surgery to be performed: _____

FEMALE PATIENTS ONLY:

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

Is your rabbit 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 \$54.08 charge 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.

Is your pet currently taking any medications? If yes, name of medication and time of last dose.

Has your rabbit displayed any of the following in the last 2 weeks: (check if yes)

Sneezing Coughing Diarrhea

Has your rabbit 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 rabbit last eat? _____ Did you bring its food/water? _____

What do you feed your rabbit 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 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: _____