

# SMALL MAMMAL SURGERY AUTHORIZATION

ALL PETS MEDICINE, SURGERY & REHABILITATION CLINIC

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: \_\_\_\_\_