



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



PRESURGICAL AUTHORIZATION FORM

Date: _____ Client: _____ Patient: _____

Phone: (H) _____ (W) _____ (C) _____

PROCEDURE: SPAY ___ NEUTER ___ DENTAL ___ DECLAW ___ OTHER _____

- * CVS requires: pre-anesthetic blood panel (prior to surgery) for pets under 7 years of age.
- * CVS requires: comprehensive blood panel (prior to surgery) for pets over 7 years of age.

Initial Here _____ to indicate that I have elected to refuse the required blood panels at this time and request that CVS proceed with anesthesia. I understand that there are potential risks when using anesthesia or performing surgery.

- * CVS recommends post-op pain medication for your pet. The cost is an additional 20.00. Please check the following: Accept _____ Decline _____

- * Home Again Chip – Please consider having your pet micro-chipped while here for their scheduled procedure. The cost is \$50.00. Please check the following: Accept _____ Decline _____

I certify that I own the above described animal and I do hereby consent and authorize Cannon Veterinary Services, Ltd, and staff to hospitalize my pet, and to administer vaccines, medications, tests, surgical procedures, anesthetics, or treatment that Dr. Winter deems necessary for the health, safety and well-being of my pet while it is under their care and supervision.

I understand that you will use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia involves some risk to my pet. Dr. Winter and staff will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. I have read this pre-surgical authorization form and agree with its contents.

I realize that I am responsible for full payment of the above procedures and/or treatments at the time my pet is discharged. If I neglect to claim my pet within five days of written notice that it is ready for release, you may assume that the pet is abandoned and are authorized to dispose of it as you see fit.

Abandonment does not release me of my obligation for payment of this bill.

I further agree that in case of non-payment, a finance charge of 1.5% per month (18% per annum) will be charged and in addition to all collection fees and/or attorney fees will be paid by me.

Owner Signature: _____ Cell Phone Number: _____