



DOUBLE CHURCHES ANIMAL CLINIC

8365 Whitesville Rd
Columbus, Ga. 31904
(706)322-3232

www.doublechurchesanimalclinic.com

Authorization for Anesthesia and/or Surgery

Client's Name: _____ Date: _____
Pet's Name: _____ Species: _____ Breed: _____
Age: _____ Sex: _____

Anesthetic and surgical procedure(s) to be performed: _____

I **would** ____/**would not** ____ like my pet microchipped while anesthetized today: **\$40.00 (includes lifetime registration).**

I, the undersigned owner or agent of the owner of the pet identified above, certify that I **am** ____/**am not** ____ (check one) eighteen years of age or over and authorize the veterinarians at Double Churches Animal Clinic to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/or surgery and rare complications can occur. I am encouraged to discuss any concerns I have about those risks and complications with the attending veterinarian before the procedure(s) is/are initiated. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

Should unexpected lifesaving emergency care be required and the hospital's staff is unable to reach me, the staff **has** ____/**does not have** ____ (check one) my permission to provide such treatment and I agree to pay for such services.

I agree to pay a deposit of _____% of the treatment plan, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, Care Credit or check at the time my pet is discharged from the hospital.

I have read and fully understand the above terms and conditions set forth above.

Signature of Owner or Agent

How would you like us to contact you when your pet awakes from anesthesia?

_____ Text message sent to phone # _____

_____ Phone call to # _____

_____ E-mail to _____

Comments: _____



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Have you talked with your veterinarian or business office about the following issues?

1. The reasonable medical and/or surgical treatment options for your pet
2. Sufficient details of the procedures to understand what will be performed
3. How fully your pet will recover and how long it will take
4. The most common and serious complications
5. The length and type of follow-up care and home restraint required
6. Costs incurred for all services



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Dental Procedures

Client's Name: _____ Date: _____
Pet's Name: _____ Species: _____ Breed: _____
Age: _____ Sex: _____

Once your pet is under anesthesia, your doctor will perform a **complete oral examination** and carefully check his/her teeth and gums. During this comprehensive examination, your doctor may find diseased teeth or gums that need treatment beyond cleaning and polishing (i.e. periodontal treatment, extraction(s) with oral surgery, pain management and antibiotics).

Your doctor and/or veterinary assistant will call you **during the procedure** if any additional treatments are needed and provide you with an updated treatment plan to include additional costs.

Extent of Dental Services Desired

Should any unforeseen dental procedures be necessary and desirable in the veterinarian's professional judgment:

_____ I prefer you proceed with all necessary dental procedures and agree to all *additional* costs up to \$_____.

_____ I prefer to be called *before* any additional procedures are performed (other than emergencies). If I cannot be reached, I authorize you to proceed with all necessary dental procedures and *additional* costs up to \$_____.

_____ If I cannot be reached by phone, I *do not* authorize any unforeseen dental procedures.

OraVet Chews

I would _____ would *not* _____ like to purchase OraVet chews after my pet's teeth are cleaned today

Healthy Mouth

I would _____ would *not* _____ like to purchase Healthy Mouth water additive after my pet's teeth are cleaned today

Your signature confirms that you have read this information and understand it. Thank you for your confidence in us.

Signature of Owner or Agent

Comments: _____
