



**MOUNTAIN VISTA
VETERINARY SERVICES**

66062 MT HW-37
Eureka, MT 59917
(406) 478-6887

Patient Surgical Authorization Form

Client Label _____

Patient Label _____

I certify that I am the owner or the authorized agent for the owner of the pet described above and give _____ Animal Hospital, the doctors and staff full authority to complete the following procedure(s) as detailed below. I understand that during any anesthetic procedure there is a risk associated. To avoid complications of any pre-existing conditions, we highly recommend pre-anesthetic testing as listed below. In order to provide the maximum support of your pet while they are under anesthesia an IV catheter will be placed before the procedure begins and we will IV fluids during and after the surgical procedure as deemed necessary for the patient.

Please Elect the Following Procedures *(initial to accept)*

☐ Required

Examination and IV Catheter +/- fluid therapy

☐

Surgical Procedure: _____

☐

Blood Work: _____

☐ Required

Pre and Post-Operative Pain Management and Buster Collar

☐

Radiographs: _____

☐

Vaccinations: _____

☐

Microchip _____

☐

Anal Gland Expression _____

☐

Toe Nail Trim _____

☐

Therapy Laser Treatment _____

☐

Transfer of patient to 24-hour care facility (Post-operative): _____

Authorization

I have been informed that the hospital is staffed during normal business hours. I have been presented a treatment plan for the above-named procedure(s) in the amount of \$_____ to \$_____, and I understand that payment is due at the time the services are rendered.

Owner/Agent Signature

Phone Number

Date