

## SURGICAL / HOSPITALIZATION AUTHORIZATION FORM

Rabies vaccinations must be current upon hospitalization or a \$200 deposit will be required at drop off.

I hereby consent and authorize Grayslake Animal Hospital to receive, prescribe for, treat, or operate upon my animal. I hereby state that I am the owner or legal agent of the owner and am of legal age (over 18) to authorize this. I certify that the address, phone number, and email address on file is current and complete.

1. Has your pet had food since 9pm last night or water since 7am today?.....YES      NO  
\*\*Rabbits do NOT need to be fasted!!
2. Do you consent to pre-anesthetic blood screening to help check the body's ability to handle anesthesia during procedures as recommended by Grayslake Animal hospital? ..... YES      NO  
(AND INITIAL)
3. Do you consent to taking home post-operative pain medication? .....YES      NO  
(a pain injection will be administered prior to surgery if the doctor deems necessary)
4. Do you wish to have your pets nails trimmed?..... YES      NO
5. Do you wish to have your pet microchipped?..... YES      NO
6. If your puppy/kitten is here to be spayed or neutered, do you wish to have any retained baby teeth extracted if doctor deems it necessary?..... YES      NO
7. If your pet is here for a dental procedure, have you given the antibiotics as prescribed? .....YES      NO
8. If your pet is here for a dental procedure and doctor finds teeth that require extraction, do you consent for them to do so?.....YES      NO  
OR do you prefer to be called first? \_\_\_\_\_
9. Does your pet have any allergies to medications?.....YES      NO
10. What medications, supplements or vitamins is your pet currently taking?

Drug Name	When last given

Grayslake Animal Hospital is to use all reasonable precautions against injury, escape, or destruction of the animal, but will not be held liable or responsible in any manner, or any circumstances, due to the care, treatment or safekeeping of the animal named below, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. *Financial responsibility for services rendered is due at time of discharge.*

I also understand that Grayslake Animal Hospital is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian. I understand that if an animal has not been retrieved after the procedure, as previously agreed upon, the animal will be considered abandoned and disposition will begin in accordance to Chapter 225 ILCS 115/18 of Illinois Compiled Statutes.

Date \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Pet Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Email Address \_\_\_\_\_

(AN EMAIL ADDRESS IS REQUIRED IF YOUR PET IS BEING MICROCHIPPED TODAY!!)