



CANYON PET HOSPITAL

NORTHERN ARIZONA'S PREMIER VETERINARY HOSPITAL

1054 E. Old Canyon Ct., Flagstaff, AZ 86001

Phone: 928.774.5197 | Fax: 928.774.5278 | CanyonPet.com

General Surgery Form:

Date: _____ Account#: _____ Client: _____ Patient: _____

Procedure(s) to be performed: _____

You will be given a full estimate for today's procedure(s) after the nurse has answered any questions & given you additional options for the surgery today. If your pet has not been seen by one of our veterinarians or if they have not been seen in the past 30 days, the doctor may need to examine your pet briefly prior to the procedure today & call you with a more accurate estimate. If you do not sign an estimate before leaving today, make sure you are available by phone. We will be unable to perform the procedure until we get your verbal authorization for the costs involved.

SPAY OR NEUTER SURGERY: I am aware that there will be an additional charge if it is determined during my pet's surgery that my pet is in heat, pregnant or has either a unilateral or bilateral cryptorchid. I understand that I am responsible for any additional charges.

Client Signature: _____

I authorize the veterinarians and staff at Canyon Pet Hospital to perform the above procedure(s). I understand that even in healthy pets, there is a small risk with anesthesia & that very safe anesthetic protocols & thorough anesthetic monitoring are used for my pet. I understand that Canyon Pet Hospital is not liable for adverse reactions to anesthetics as long as all reasonable precautions are taken.

Client Signature: _____

We will attempt to contact you if there are problems or concerns affecting your pet's surgery, recovery or changes in the estimate.

Phone # where you can be reached today: _____ **Phone # where**
If we cannot reach you at this number, it will be difficult for us to clearly communicate if there are problems or changes. Often decisions need to be made while your pet is still under anesthesia. **Please be available via phone & feel free to contact us at any time to check the status of your pet.**

If time permits we would like to send picture updates. Please let us know where you would like these updates sent: Text : _____ or CPHFLG Email : _____

Critical decisions regarding your pet, though rare, will be made without you if you are unreachable & may mean additional charges. I understand that I am responsible for any additional charges. Client Signature: _____

*****For Office Use Only*****

Does the pet have a history of seizures? Yes ___ No ___ Is the pet currently taking medication(s)? Yes ___ No ___

If yes, please list medications & the last time medication was given. Make sure to include antibiotics:

_____ D

oes the pet have any deciduous teeth? Yes ___ No ___ Laser Nail Trim: Accept: ___ Decline: _____