

Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: _____ Client Phone number: _____

Pet's Name: _____ Age: _____

Breed: _____ Sex: _____

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

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____ **I am not** _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

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 life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (initial one) my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) _____ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (initial one).

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

Phone number(s) for today (_____) _____ - _____

Cell: (_____) _____ - _____

Would you like periodic texts updating you on your pet's progress? Y N

Signature of Owner or Authorized Agent

Date