

AUTHORIZATION FOR ANESTHETIC PROCEDURE(S) AND/OR SURGERY

Pet Name: _____

Anesthetic, Medical, or Surgical Procedure(s) to be performed:

I, the owner or agent of the owner of the pet identified above, certify I am eighteen years of age or over and authorize the veterinarian(s) at the practice to perform the above procedure(s). I understand that some risk, up to and including death, always exists 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 question 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
 - Pets that are being Spayed or Neutered will receive a tattoo on abdomen to identify that your pet has been fixed.

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.

In the event that emergency treatment is required and until I can be reached, I pre-authorize the veterinarians and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I will not hold Ellison Drive Animal Hospital, its veterinarians, or any other team member liable for any complication that may arise. I understand that no guarantee of successful treatment is made or implied. I give consent for treatment not to exceed the amount of:

___ **\$0 - DNR** ___ **\$300** ___ **\$600**

In the event my pet is hospitalized beyond the first day, at this facility, I understand that veterinary care during night-time 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 the facility is closed, **I elect 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.**

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 Numbers:

Owner Name _____

Signature _____ Date _____