

AUTHORIZATION FOR ANESTHETIC PROCEDURE(S) AND/OR SURGERY

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 sedation 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.

If I am unable to be reached in the event of an emergency, 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 members 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-CPR**

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. I have listed a phone number I can be reached in the event of an emergency.

Phone Numbers: _____ Emergency Number: _____

Owner/Authorized Agent Signature: _____ Date: _____