

Goosepond Animal Hospital
Authorization for Anesthesia and/or Surgery

NAME: Practice Client
ADDRESS:

PET'S NAME: Practice Patient
SPECIES: Unknown

HOME PHONE: () -
WORK PHONE: () - ext:

BREED:
SEX: F
BIRTHDAY/AGE: 03/23/2010 / 2 years and 7 months

Anesthetic and/or Surgical Procedure(s) to be Performed:

Last Food Given

Last Water Given

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am over eighteen (18) years of age and authorize the veterinarian(s) at Goosepond Animal Hospital 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 with the veterinary technician or veterinarian before the procedure(s) is/are initiated. My signature on this form indicates any questions I have regarding the following issues have been answered to my satisfaction:

- The current condition and/or probable diagnosis (if any) of the animal and suggested treatments
- 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 and risks involved with this and any medical treatment

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that unforeseen circumstances may arise that require unanticipated medical tests, procedures and treatments. I consent to different or longer procedures than those set forth above as are determined necessary. The veterinarians at this hospital will use their professional judgement to determine the best care for the animal.

I agree to retrieve the animal from the hospital as soon as the animal is ready, upon notification from the hospital. I assume financial responsibility for the fees, and will provide payment via cash, check, Mastercard, Visa, Discover or Care Credit at the time my pet is released from the hospital. I understand additional fees may be incurred upon delay of retrieval; I agree to be responsible for any fees. Failure to retrieve the animal shall result in the animal being declared abandoned and necessary action will be taken.

CURRENT BLOODWORK within 30 days of the anesthetic procedure is *required*. IV CATHETERS and IV FLUIDS are required for most anesthetic procedures (depending on patient age or procedure being performed).

I have read and fully understand the terms and conditions set forth in all of the above. **Initial**

Pain Medication is NOT an optional service. All surgeries are evaluated by the attending veterinarian to determine the need for pain medication during the procedure and at the time of discharge. **Initial**

Optional Services:

Microchip Implant:
(additional fee: \$95.00)

☐ Yes☐ No

Post-Op Therapeutic Laser Treatment:
Not for use in growth removal procedures
(additional fee: \$25.00)

☐ Yes☐ No

Signature of Owner or Agent:

Client Contact Number(s):

Date:

10/04/2012