

**Elko Veterinary Clinic**  
**Authorization for Anesthesia and/or Surgery**

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Anesthesia and surgical procedure(s) to be performed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

I, the undersigned owner (or agent of the owner) of the pet identified above, certify that I am eighteen years of age or older. I have provided the clinic with my picture ID. I authorize the veterinarian(s) at Elko Veterinary Clinic 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 with the doctors or nurses that I might have about those risks 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 procedure to understand what will be performed.  
How full 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 restraints required.  
The estimate (approximate best guestimate) of the fees for all of the services.  
The expectation of payment in full when the pet is discharges.

While I accept that al procedures will be performed to the best of the abilities of the staff at Elko Veterinary Clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees, assume financial responsibility for the remaining fees, and provide payment in full via cash, visa, master card, discover or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff:

Has \_\_\_\_\_ Does not have \_\_\_\_\_ my permission to provide such treatment.  
If treatment is provided I agree to pay for such services.

I have read and fully understand the terms and condition set forth.      Date: \_\_\_\_\_

Phone #:

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Signature