pine creek
VETERINARY HOSPITAL

AAHA ACCREDITED
The Standard of Veterinary Excellence

Authorization for Anesthesia and/or Surgery

Date:_____.

Client Name:_____.
Pet's Name:_____Species:_____.
Breed:_____Age:_____Sex: M / MN / F / FS

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

_____.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I _____**am/am not**_____ (check one) eighteen years of age or over and authorize the veterinarian(s) at Pine Creek Veterinary Hospital to perform the above procedures(s).

_____I have been advised of the nature of the above procedure(s) and the potential risks and benefits. While Pine Creek Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare and unforeseen complications associated with any anesthetic or surgical procedure and do not hold the staff and doctors at Pine Creek Veterinary Hospital liable for these potential complications. I fully understand these risks and that the veterinarians and hospital staff will do everything they can to minimize such risks. I am aware that conditions which increase risk associated with sedation and anesthesia include: obesity, diabetes, infection, blunt trauma, kidney disease, heart disease, liver disease, cancer, endocrine disease, and extreme stress and anxiety. I understand that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

_____While I accept that all procedures will be performed to the best of the abilities of the staff at Pine Creek Veterinary Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Addtionally, I authorize Pine Creek Veterinary Hospital to perform diagnostic, treatment or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances which may arise during the course of the above mentioned procedure(s).

_____I agree to assume financial responsibility for ALL fees incurred for the above mentioned medical and/or surgical procedures, and provide payment via cash, credit card, 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**_____ (check one) my permission to provide such treatment and I agree to pay for such services.

I have read and fully understand the terms and conditions set forth above.

_____ _____
Signature of Owner or Agent Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow.

(____)_____ Residence (_____)_____Cellular (____)_____Office

Staff Only:**AT DISCHARGE…I have received discharge instructions regarding the recovery of my pet**
_____(client initials) _____(Staff initials)