

# ANIMAL CARE AND SURGICAL HOSPITAL

## Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Anesthetic and medical or 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 over and authorize the Veterinarian(s) at this practice 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 about those risks with the attending veterinarian 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 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
- Any necessary payment arrangements

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. I agree to pay a the 100% of the estimated fees given for such procedure thus I assume financial responsibility and will provide payment via cash, credit card, or check at the time my pet is admitted to the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff/Dr **has** my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day of admission at this facility due to the surgical procedure performed, I understand that veterinary care during nighttime hours and/or weekends will not be provided. I have been thoroughly explained that a continuous presence of any employee or a DVM will not be provided after 8:00pm. If I desire that my pet have supervision when this facility is closed, I elect to 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 24 hrs at my expense and not being part of the payment for the procedure performed at this Hospital (initial one).

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 number(s) for today:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

# HOSPITAL ADMISSION QUESTIONNAIRE

PLEASE INDICATE WHICH, IF ANY, OF THE FOLLOWING APPLY TO:

1. \_\_\_ DECREASE IN APPETITE OR PICKY APPETITE?
2. \_\_\_ INCREASE IN THIRST?
3. \_\_\_ URINATING OR SOILING IN THE HOUSE?
4. \_\_\_ VOMITING?
5. \_\_\_ DIARRHEA OR CHANGE IN BOWEL MOVEMENTS?
6. \_\_\_ DECREASE IN ENERGY LEVEL?
7. \_\_\_ UNWILLING TO JUMP, RUN OR CLIMB STAIRS?
8. \_\_\_ COUGHING?
9. \_\_\_ UNUSUAL BEHAVIORS (PLEASE GIVE DETAILS)?
10. \_\_\_ HAS PATIENT EATEN SINCE LAST NIGHT?
11. \_\_\_ ANY KNOWN PREEXISTING CONDITION?

A **YES** RESPONSE TO ANY OF THESE QUESTIONS WARRANTS FURTHER DISCUSSION WITH THE DR BEFORE PROCEEDING WITH ANESTHESIA.

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OWNER SIGNATURE

# ANIMAL CARE AND SURGICAL HOSPITAL

## Preanesthetic Diagnostic Tests

Client's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_

I acknowledged that my pet is scheduled for an anesthetic procedure with or without surgery. I have been informed that advances in anesthesia and anesthetic monitoring techniques have made routine procedures relatively safe, with low rates of complications. However, I understand that occasional problems can occur due to preexisting conditions that are not evident during routine histories and physical examinations. To minimize problems, the doctors and staff at this veterinary practice have recommended that my pet be screened prior to anesthesia by means of the diagnostic tests indicated below which are not included in the procedure's estimated given to me:

- |   |          |
|---|----------|
| ___ Pre-anesthetic screening test           | \$90.00  |
| ___ Urinalysis                              | \$65.00  |
| ___ EKG Stat with Cardiologist consultation | \$120.00 |
| ___ Diagnostic imaging (2 x-rays)           | \$100.00 |
| ___ Coagulation Panel Stat (Pt, Ptt)        | \$120.00 |

\_\_\_\_\_ I authorize the performance of the tests and costs set forth above that I've checked, agree to be billed for (initials) them, and agree to pay them.

\_\_\_\_\_ I hereby decline the above recommended preanesthetic diagnostic tests and, agree to hold the attending doctor(s) and staff at this veterinary practice harmless for any untoward anesthetic, surgical, or medical complications that might have been detected and avoided had these tests been performed.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date