

VETCARE ANIMAL HOSPITAL

SURGERY/ANESTHESIA AUTHORIZATION

I certify that I own the described animal and I do hereby consent and authorize VetCare Animal Hospital and its staff to hospitalize my pet, and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the doctors deem necessary for the health, safety, or well-being of the animal while it is under their care and supervision.

I understand that during the performance of the procedure(s) or operation(s) listed below, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operations(s) than those set forth below. Therefore, I hereby consent and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised of the nature of the procedure(s) or operation(s) and the risks involved. I realize that the results cannot be guaranteed and that there are inherent risks to the patient from general anesthesia, including death.

I further realize that I am responsible for payment of the above described procedures and treatments at the time the animal is discharged. If I neglect to pick up the animal within five(5) days of written notice that it is ready for release (mailed to the address of record), you may dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non payment, a finance charge of 1 1/2% per month (18% annual) will be charged and that any collection or attorney fees will be paid by me.

Signed: _____ Owner/Agent CPR/DNR Client Initials: _____

Animal's Name: _____

Date: _____

Procedure: _____

Phone # (where you can be reached):# _____