**Pfister Animal 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** **/I am not (circle one)** 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.

While I accept that all procedures will be performed to the best of the abilities of the staff at Pfister Animal Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for the remaining fees and provide payment 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 \_\_\_\_ (initial one)** my permission to provide such treatment and I agree to pay for such services.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

* Sufficient details of the procedures to understand what will be performed
* The most common and serious complications from this procedure
* The length and type of follow-up care and home restraint required
* If a castration is to be performed, I am aware that sperm may be viable up to 1 month after this procedure.

Please perform the following additional procedures on my pet while he/she is hospitalized (please initial your request):

Nail Trim \_\_\_\_ Vaccinate \_\_\_\_ Microchip \_\_\_\_ Anal Glands \_\_\_\_ Ear Cleaning \_\_\_\_

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I have read and understand the nature of the above procedures and give my consent to proceed.

( ) Or ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone numbers where I can be reached today**

**Call or Text? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Owner or Authorized Agent Date**