

**Animal Medical of Chesapeake
Surgery Authorization Form**

Client's Name: _____ Patient: _____ Admitted by: _____

Reason for Admission today: _____

Like you, our greatest concern is the well-being of your pet. An anesthesia care pack will be a part of each patient's procedure plan, to ensure the safety of your pet and the best outcome during recovery. Each care pack will be customized to your pet's specific needs and anesthetic risk and will include the following: blood work prior to anesthesia (if not done within past 30 days), to determine if there are any underlying health problems that are contraindicated with anesthesia or the procedure; an IV catheter for delivery of injections and IV fluids to maintain hydration; medication before and after the procedure to control pain and inflammation; treatment with our therapeutic K-Laser, when indicated, which has been proven to speed healing of soft tissues and control pain.

Does your pet have any new health issues?

_____ NO -- My pet appears to have no new health issues.

_____ YES -- My pet has another health concern I would like addressed today. Explain: _____

Has your pet had any food since last night? _____

Has your pet received any medication, including prescriptions, supplements, or over the counter drugs, in the past 24 hours? _____

If yes, what medication? _____

Are there any additional services you would like performed today? If yes please list below. *Additional fees will apply *

I understand that unexpected findings during any surgical procedure may result in the need for additional treatments or services that were not expected. If additional treatments, beyond what was initially anticipated, are recommended (choose one of the following):

_____ I authorize the attending veterinarian to do any procedures deemed necessary while my pet is under anesthesia. No call required.

_____ Please attempt to contact me regarding any additional procedures and cost, but proceed if unavailable.

_____ Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand that this may mean my pet will require an additional procedure under anesthesia at another time.

I am the owner/agent for the described animal and I authorize and request the services listed on this form. I understand and accept that when anesthesia is involved, there are always inherent risks, including death. If at any time during hospitalization my pet experiences cardiac or respiratory arrest I authorize (Please select one option):

_____ Every attempt to be made to resuscitate/revive my pet, knowing that there is no guarantee of outcome.

_____ Do not attempt to resuscitate/revive my pet.

I will assume full financial responsibility for all charges incurred for the above reason for admission. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. If my pet should injure himself/herself, escape, fail to eat, become ill, or die, I will not hold Animal Medical and its employees responsible. I expect the hospital to use reasonable precautions to ensure my pet's safety, and I agree to pay in full when the pet is discharged.

I understand that every effort will be made to contact me (or whomever I designate) if an emergency situation should arise. If I am unable to be contacted I authorize Animal Medical to do whatever is necessary in the interest of my pet's health and well being. I agree to be financially responsible for such procedures regardless of their outcome.

Vaccine & Flea Policy: We require all patients admitted to our hospital be current on vaccinations (Distemper and Rabies vaccines required for all). If vaccines are not current, they will be updated today at your expense. We are also a Flea-Free hospital. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

The best phone number to reach me today is: _____

Signature: _____

Date: _____