

## Authorization for Anesthesia and/or Surgery

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Anesthetic and 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 The Pet Hospital of Tierrasanta to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery, including allergic reactions, heart problems and death. 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 no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of \_\_\_\_\_% of the estimated fees, assume financial responsibility for the remaining fees, 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

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if owner/agent less than 18 years of age)

\_\_\_\_\_  
Date

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

\_\_\_\_\_