

Authorization for Hospitalization, Surgery, or Anesthesia

Client Name: _____ Daytime Phone: (____) _____

Patient's Name: _____ Breed: _____ Age: _____ Sex: _____

Last time your pet received food? _____ Water? _____

If we cannot contact you, what would you like us to do?

- Administer any necessary treatment (You will be responsible for fees created by this treatment) _____ (Initial)
- Withhold treatment
- Other (please specify) _____
- For dental procedures: If Dr. feels extractions are necessary, do we have permission to pull teeth? *Please be aware, if you do not check this box, and you are not reachable by phone, extractions WILL NOT be performed.**
- If you require an estimate for extractions or x-rays please make sure we are able to contact you.**

Hospitalization, Surgery, or Anesthesia Authorization:

As owner (or agent for the owner) of the patient described above, I authorize Brook-Ellis Pet Hospital to perform any diagnostic, therapeutic, anesthetic, emergency, and surgical procedure necessary for treating and maintaining my pet's health and well being. While expect all procedures to be performed at the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. If my animal should injure itself, fail to eat, become ill or die, I will not hold Brook-Ellis Pet Hospital or 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 give my consent to Brook-Ellis Pet Hospital to perform the following procedures:

Pre-anesthetic Testing:

I understand that a veterinarian will perform a complete physical examination before sedating my pet. However, I also understand that problems can arise due to pre-existing conditions not detected during a physical exam. Therefore, the doctors on staff highly recommend performing a pre-anesthetic blood test prior to anesthesia. Our laboratory is fully equipped to perform these important tests today.

- I wish to have a pre-anesthetic blood test for my pet (\$78.50)
- I decline pre-anesthetic testing

Pain Management Release:

Most surgical procedures can generate some pain in your pet. Pets recover faster and with fewer complications when pain is minimized. Please check the method of pain management you would like your pet to receive after anesthesia.

- Administer pain medications per Dr's discretion
- Bupronex Injection (lasts 6-8 hours) \$36.30
- Duragesic Patch (lasts 3-6 days) \$45, \$64.34, \$98.75 *depends on size of animal*
- I do not wish my pet to have medications for pain

Miscellaneous:

Please check any additional services you would like performed while your pet is under anesthesia:

- Trim Nails (\$18 for cats, \$20 for dogs)
- Microchip Identification (\$55.00)
- Clean Ears (\$21.50)
- Express Anal Glands (\$22.00)

Signature: _____

Date: _____