

Hudson 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: Spay

Preanesthetic Blood Testing: Accepted / Declined **Microchipping:** Accepted / Declined

Last time fed: _____ **E-Collar:** Accepted / Declined

Vaccinations: _____

The most serious or common complications include: Anesthetic Risk

I, the undersigned owner or agent of the owner of the pet identified above, 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. I am aware my pet's leg(s) may be shaved for IV catheter placement. 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

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

We strongly recommend pre-anesthetic blood work. Animals often have low grade liver or kidney disease that may not be apparent on exam but can be detected with further testing. If your pet has subclinical disease, their risk during anesthesia is higher and can become life threatening. Declining blood works indicates that you are aware of this increased risk.

We highly recommend purchasing an E-Collar for use with your pet until their incision is fully healed. It will reduce chances of excessive swelling, redness, infection and breakdown of the incision which could lead to herniation and death. If you decline an E-Collar, you are aware of the risks and agree to be fully responsible for any potential complications.

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 not provided.

I have read and understand the nature of the above procedures and give my consent to proceed.
I agree to assume financial responsibility and provide payment via cash, check, or credit card today.

Signature of Owner or Authorized Agent

(____) _____ - _____
Contact Phone Number

Date

(____) _____ - _____
Alternate Phone Number