Portage Park Animal Hospital
Authorization for Anesthesia, Surgery and/or Medical Treatment

Client's Name _____ Pet's Name _____

I authorize the veterinarian(s) at Portage Park Animal Hospital with his/her designated assistants to perform the following procedure(s),

_____

I certify that I am over eighteen years of age and thereby consent to the procedures listed above. I understand that there is some risk that always exists with anesthesia and I am encouraged to discuss any concerns with the attending veterinarian prior to the procedure. Should some unexpected life saving emergency care be required, the staff of Portage Park Animal Hospital has my permission to provide treatment and I will be responsible for the charges.

I assume financial responsibility for charges incurred. An estimate will be presented to me upon my request and if I have any questions they will be addressed before the procedure is initiated. If the doctor is unable to contact me while my pet is in the hospital, it is my responsibility to contact the hospital to inquire about fees incurred and the medical status of my pet.

I also understand that preoperative blood testing, intravenous catheter placement and fluids as well as pain management are recommended by the doctors. While in some cases they may be left optional, I do acknowledge that there is an increased risk if I choose to decline them. (Additional charges apply)

If my pet is undergoing a dental procedure, I understand that it is sometimes impossible to determine the accurate stage dental required until my pet is under anesthesia. I understand that any teeth found to be nonviable will be extracted unless otherwise discussed with the attending veterinarian prior to procedure. Those pets with more advanced dental disease may require advanced oral surgery to remove tumors or perform gingivectomies. (Additional charges apply)

Pre-Anesthesia Blood Screen

Knowing how the internal organs are functioning helps the doctor to better assess your pet's condition and determine if changes may be needed in the anesthesia protocol. I realize that these tests may be done in house and provide results before the scheduled surgery.

I accept this procedure _____ initial I decline this procedure _____ initial

Heartworm for dogs or FeLV/FIV for cats

Pets should be tested if they have not been previously been checked. Dogs not currently on heartworm preventative need to be tested.

I accept this procedure _____ initial I decline this procedure _____ initial

Intravenous (IV) Catheter Placement and Fluids

An IV catheter gives and immediate access to the blood stream should a critical situation arise and life saving drugs be required. It also helps to maintain blood pressure and hydration in the fasted patient as well as aids in elimination of anesthetic. A small amount of hair will be shaved prior to the sterile placement of the catheter.

I accept this procedure _____ initial I decline this procedure _____ initial

Pain Management Package

Every surgical procedure has some degree of discomfort or pain. Studies have shown that recovery time is significantly decreased when anti-inflammatories or pain relievers are given before and after surgery. Stress hormones caused by pain hinder healing and recovery, so even if your pet does not seem painful, those harmful stress hormones can still slow the healing process.

I accept this procedure _____ initial I decline this procedure _____ initial

We also offer the following additional services: (please initial)

Laser surgery	I accept this procedure _____	I decline this procedure _____
Pre-anesthesia EKG	I accept this procedure _____	I decline this procedure _____
AVID chip	I accept this procedure _____	I decline this procedure _____
Fluoride Treatment	I accept this procedure _____	I decline this procedure _____
Dental Vaccine (dog only)	I accept this procedure _____	I decline this procedure _____

* ALL PETS ADMITTED MUST BE CURRENT ON VACCINATIONS
* ANIMALS FOUND WITH FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE

I have read and fully understand and accept the terms and conditions set forth above.

_____ _____ _____

Signature of Owner or Agent Date Time your pet last ate

_____ _____ _____

Phone numbers at which you are available while your pet is hospitalized