

Authorization and Consent for Anesthesia, Surgical, Diagnostic or Therapeutic Procedure

Owner's Name

Pet's Name

Date

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants of The Cat Doctors:

- ___ Physical Exam
- ___ IV Catheter
- ___ IV Fluids
- ___ Pre-Anesthetic Lab Work
 - CBC
 - Chemistry
 - T4 (Thyroid Panel)
 - Urinalysis
 - Other _____
- ___ General Anesthesia
- ___ Chamber Anesthesia
- ___ OVH (spay)
- ___ Overnight Stay
- ___ Castration (Neuter)
- ___ Declaw
- ___ Mass Removal
- Location _____

- ___ Dentistry
- ___ Dental Radiography
- ___ Dental Extractions
- ___ Microchip
- ___ De-worming
- ___ Flea treatment as needed
- ___ Vaccines
 - Rabies
 - FVRCP (distemper)
 - Feline Leukemia
- ___ Radiographs
- ___ Other _____

I may be reached at the following phone number(s): _____

If the hospital staff CANNOT REACH ME by phone please do the following:

- o Do whatever is necessary at this time to avoid a second anesthetic procedure
- o Do not perform any elective procedure that has not been discussed

I understand the above anesthetic, surgical, diagnostic and/or therapeutic procedure may involve risk of complications, injury or death from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered. I do also recognize that the veterinarian may use or prescribe medications in my pet in an "off-label" or "extra-label" fashion. I understand that the veterinarian will use these medications only where appropriate and with a valid doctor-client-patient relationship.

Your signature below constitutes your acknowledgement that (1) you have read and agreed to the above, (2) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (3) you have had the chance to ask questions, and (4) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Owner's Signature

Date

