



# Animal Health and Medical Center

2682 S. State Hwy 108 - Stephenville, TX 76401  
254-965-2931

## HOSPITALIZATION/SURGERY/ANESTHESIA AUTHORIZATION

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_

**Today's Phone(s):** \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

The planned procedure I approve is \_\_\_\_\_. I am the owner of the above named animal or am responsible for it and have the authority to execute this consent form.

- I hereby authorize Animal Health & Medical Center to perform such diagnostic, therapeutic, anesthetic and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health.
- While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the result or cure.
- In the event that my animal should, for some unforeseen reason, injure itself, escape, fail to eat, become ill or die, I will not hold Animal Health & Medical Center and/or its employees responsible.
- I expect that reasonable precautions will be used to insure the animal's safety and well-being while in the clinic's care and agree to pay in full for all services and products at the time of discharge.
- If unforeseen needs arise that have not been discussed and I cannot be reached for approval, I accept the doctors' decision to proceed with that which is necessary.

**By signing here, I also give my permission and agree to pay for parasite control to be administered if my pet is found to be carrying any parasites (including fleas, ticks or ear mites)**

**I understand and agree with all the above:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Recommended (but not required) post-operative pain injection-** lasts 24 hours after the surgery:

Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Pre-anesthetic blood work- not required but HIGHLY recommended:**

\_\_\_\_\_ **BASIC Panel** (0-6 years) Checks basic organ function and establishes a baseline

\_\_\_\_\_ **EXTENSIVE Panel** (6+ years) A broader view of an older patient's health status

to rule out major organ dysfunction

This screening is not a guarantee against problems or complications, but it will help us deal with a problem, should it arise, or avoid the procedure altogether until a discovered problem can be corrected.

\_\_\_\_\_ I **approve**, or have previously completed, the above pre-anesthetic blood screen on my pet

\_\_\_\_\_ I **decline** the pre-anesthetic blood screen on my pet

**ADDITIONAL SERVICES OFFERED WHILE YOUR PET IS ANESTHETIZED:**

Accept \_\_\_\_\_ Decline \_\_\_\_\_ Nail trim

Accept \_\_\_\_\_ Decline \_\_\_\_\_ Microchip with surgery

Accept \_\_\_\_\_ Decline \_\_\_\_\_ Clean & polish teeth

\*extractions extra

**Other services/procedures:** Circle

Vaccinations- Rabies—DHLP—Combo 1 or 2—Kennel Cough—Rattlesnake A or B

Tests- Heartworm- Fel Leuk/FIV combo—Fecal—Histopath

Dewormers- Drontal—Droncit—Strongid—Panacur—Profender

Parasite TX- Advantage—Advantix—Advantage Multi—Comfortis—Trifexis—Iverhart—Proheart

Other-\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_