



Animal Health Care Center
11055 County Line Road
Madison, AL 35758
(256) 461-8440

Authorization/ Admission for Anesthetic Procedures and Surgery

Clients Name (First and Last):

Pets Name:

Anesthetic and medical or surgical procedure(s) to be performed: Spay Neuter

Dental Prophylaxis Lumpectomy Enterotomy/ Gastrotomy Biopsy

Onychectomy (declaw all 4 paws) Onychectomy (declaw front 2 paws) Amputation

Anal Gland Ablation Splenectomy Enucleation Laceration Repair

Echocardiogram Radiographs

The most serious complications of Anesthesia/ Surgery include: Respiratory Arrest &/or Cardiac Arrest

Is your pet allergic to any drugs? Yes No

Has your pet had any illness or injury in the past 30 days? Yes No

Any history of seizures and/or previous anesthetic problems? Yes No

Current medications our medical staff are not aware of? Yes No

If yes, please list what they are:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** / **I am not** eighteen years of age or over and 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. 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
- Any necessary payment arrangements

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. I agree to pay a deposit of 100% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash or credit card at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** / **does not have** my permission to provide such treatment and I agree to pay for such services.

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 provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed and staff is not present, I elect to **a)** pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects **or b)** have my pet stay overnight where veterinary supervision is limited but still available via live stream camera system. I understand once my pet is taken home, I am solely responsible for the outcome of the recovery process, medications being administered to my pet, and providing care as directed by the veterinarian. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed. I also authorize the use of appropriate anesthetics and other medication, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that the staff of Animal Health Care Center (AHCC) will try their best to contact me at the numbers I have provided today if there is a problem or complication during the surgical procedure. If the staff of (AHCC) is unable to reach me at the numbers I have listed today, I authorize any additional medical procedures and/or medications to be given/performed during surgery which are considered necessary by the veterinarian.



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***FOR DENTALS:** If the doctor determines that tooth extraction(s) is necessary, I do / I do not authorize the performance of this procedure without prior notification. (NOTE: teeth will be extracted ONLY if the doctor deems it absolutely necessary)

Elective Procedures to Be Done at The Same Time:

- Routine Toe Nail Trim
- Microchip Identification Implant
- Ear Cleaning
- Apply Topical Flea & Tick Control
- Brush Out / Clip Hair Mats
- Anal Sac Expression
- Full Exam by Veterinarian

Phone number for medical staff to contact owner/ guardian:

Signature of Owner or Authorized Agent

Date