

## Authorization and Consent for Hospitalization/Surgery

Date \_\_\_\_\_

Owner: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Patient: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I hereby consent and authorize Loving Care Animal Hospital Inc., its veterinarians, staff, agents and/or representatives full and complete authority to perform the following procedures described as:

\_\_\_\_\_  
\_\_\_\_\_

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any anesthesia and/or surgery or procedure of this type 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 further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment and agree to pay for such services.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. 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 the undersigned, do hereby certify that I am 18 years of age or over, that I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to pay a deposit of the low end of the estimate and assume financial responsibility for any remaining fees, and agree to provide full payment of the balance due upon discharge from the hospital.

Signed \_\_\_\_\_ Date: <date>

I may be reached at the following number(s) today: \_\_\_\_\_

In the event that my pet requires hospitalization beyond the first day, I understand that veterinary care during the nighttime hours is provided at the discretion of the attending veterinarian. I further understand that this facility is not staffed between the hours of 10pm and 8 am and that I do have the option to take my pet to another facility which provides 24 hour care.