

Northtown Animal Hospital

**Authorization For Medical and/or Surgical Treatment**

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

Procedure to be performed: \_\_\_\_\_

**Hospitalization/Surgical Information**

**Preparation:** The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures.

**Anesthesia:** Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.

**Monitoring:** We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, oxygenation and if indicated, blood pressure measurement.

**Catheterization:** For most surgical procedures, depending on age an intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

**Pain Management:** We will proactively manage pain with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

**Authorization and Risk Assessment:** I authorize anesthesia/surgery or sedation for my pet. I understand that some risks and complications always exist with anesthesia/surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedures are initiated. Risk can be increased by: concurrent or underlying disease processes (particularly those involving the respiratory, cardiovascular, or central nervous system); extremes of age; poor nutritional status; dehydration; anemia; and obesity. I also understand that any surgical procedure carries with it potential risk, including hemorrhage, infection, reaction to suture material, or adhesions (internal scar tissue). No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I fully understand that the veterinarians, or any staff member will try to minimize such risks. I will not hold Northtown Animal Hospital, the veterinarians or any staff member liable for any complications that may arise. I understand that I assume financial responsibility for all services rendered.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone numbers where you can be reached today:** \_\_\_\_\_

Has your pet eaten today? \_\_\_\_\_ If yes, what time? \_\_\_\_\_

Has your pet been given any medications today? \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_ Yes, I would like a courtesy nail trim today      \_\_\_ No, I would not like a courtesy nail trim today

**Please initial one of the following regarding additional treatment:**

\_\_\_\_\_ Northtown animal hospital has my permission to use their professional judgment if any additional treatment or diagnostics are needed for my pet's welfare.

\_\_\_\_\_ I wish to be contacted before any additional treatment are performed on my pet. In the event I cannot be contacted, I authorize Northtown animal hospital to use their own professional judgment regarding additional treatments.

\_\_\_\_\_ I wish to be contacted before any additional treatment are performed on my pet. Northtown Animal Hospital is not authorized to perform any additional treatment without contacting me first.