

HICKMAN MILLS ANIMAL HOSPITAL
AUTHORIZATION FOR SURGICAL/MEDICAL TREATMENT

OWNER'S NAME _____

PET'S NAME _____ SPECIES _____

I am the owner or authorized agent of the animal described above and attest that I have the authority to execute this consent form. I hereby consent to and authorize the performance of the following procedure(s):

*** Because a physical exam alone can not identify all of your pet's potential health problems, pre-anesthetic blood work is recommended for any patient undergoing sedation or general anesthesia. Your patient's well-being during anesthesia and recovery depends on the normal function of the liver and kidneys, a normal level of glucose in the blood and an adequate number of red blood cells. This basic panel will check all of these things and more. (*More comprehensive blood work is sometimes required for geriatric or sick patients*). In some cases the doctor may have determined that a comprehensive blood work panel is required or it may have already been completed.

I CHOOSE CHOOSE NOT to have this blood panel run on my pet. (Panel cost is \$103; *mandatory for patients ≥ 7 years old*)

*** An IV catheter and IV fluids are recommended for any patient undergoing sedation or general anesthesia. During anesthesia a patient's blood pressure typically becomes lowered thus decreasing blood flow to the patient's vital organs (kidneys, liver, brain, etc.). An IV catheter and perioperative IV fluids allow us immediate access to the patient's cardiovascular system in case of an emergency, and helps us maintain normal blood pressure for proper blood flow to vital organs.

I CHOOSE CHOOSE NOT to have an IV catheter and IV fluids for my pet. (Cost is \$81; *mandatory for patients ≥ 7 years old*)

I CHOOSE CHOOSE NOT to have my pet micro-chipped while under anesthesia. (Cost is \$63 and includes lifetime registration)

I CHOOSE CHOOSE NOT to authorize extractions as deemed necessary by the doctor (if this is a dental procedure), in case I am unreachable by phone during the procedure. (Cost for extractions not included in dental scale and polish)

*** I understand that during the performance of the procedure(s), unforeseen circumstances may arise that necessitate an extension of, or alternative to, those procedures set forth above. I also understand that if my pet is under sedation or general anesthesia, it may not be possible for the doctor to interrupt the procedure(s) and call me for authorizations. Therefore, I hereby consent to the performance of any and all procedures necessary in the exercise of veterinary professional judgment, and understand that I am responsible for all costs incurred.

*** I authorize the use of anesthetics and other medications where deemed necessary and understand that all medications and/or procedures pose some degree of risk for complications or danger to the patient.

*** I have been given an opportunity to ask questions and have been advised of the procedure(s) to be performed and their associated risks. I realize that no results can be guaranteed. I understand that personnel are not present in this facility 24 hours per day (overnight).

*** I have read and understand this consent and authorization. The pet described above has been fasted for at least 10 hours in anticipation of the above procedure(s).

***In the interest of keeping our hospital free of parasites for the benefit of your pets and all other patients, **if fleas are found on your pet(s) at any time while they are here, they will be treated at your expense.** We use Capstar orally, which kills all live fleas on your pet within 30 minutes. We also apply a topical product that kills fleas, eggs, and larvae for the next 30 days, and is 99% effective after 6 hours.

TODAY'S PHONE NUMBER(S) _____

SIGNATURE _____ DATE _____