

McDuffie Animal Hospital
(706)595-5386

Authorization for Sedation, Anesthesia and/or Surgery

Client Name: _____ Pet's Name: _____

Species: Canine/Feline Age: _____ Weight: _____

Anesthetic and surgical procedure(s) to be performed: _____

I, undersigned owner or agent of the owner of the pet identified above, certify that I _____ am/am not _____ (initial) Eighteen years of age or over and authorize the veterinarian(s) at Thomson-Mcduffie Animal Hospital, LLC to perform the above procedure(s). I understand that some risks always exist with sedation, anesthesia and/or surgery and that any necessary blood work deemed needed will be performed. I also understand that these risks are increased on animals that have been medicated with non-steroidal(s) and a catheter and fluids are recommended during this procedure.

Accept _____ Decline _____ (Initial) 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 indicated that any questions I have regarding the following issues have been answered to my satisfaction.

1. The reasonable medical and/or surgical treatment options for my pet
2. Sufficient details of the procedures to understand what will be performed
3. The most common and serious complications
4. The length and type of follow-up care and home restraint required
5. The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees and provide payment via credit card, cash, or check 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 _____ (initial) my permission to provide such treatment and I agree to pay for such services.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____
(if owner/agent is less than 18 years of age)

Phone Number (where you can be reached) _____