

# Coffee Road Animal Hospital, Inc.

Owner's Name \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Procedure(s) \_\_\_\_\_

## HOSPITALIZATION/SURGERY/ANESTHESIA AUTHORIZATION

### -PLEASE READ THOROUGHLY BEFORE SIGNING-

I am the owner (or agent of the owner) of the animal described above. I hereby authorize Coffee Road Animal Hospital, Inc. to perform such diagnostic, anesthetic, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. While I expect all procedures to be done to the best of the abilities of the professional staff; I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. In the event that my animal should, for some unforeseen reason, injure itself, escape, fail to eat, become ill, or die, I will not hold Coffee Road Animal Hospital, Inc. or its employees responsible. Please be aware that if your pet requires an overnight stay in our hospital, supervised care is **not** provided overnight. I authorize the hospital director and staff to provide veterinary service as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised.

Signature \_\_\_\_\_ Today's Phone: \_\_\_\_\_

Alternate Contact: Name, number \_\_\_\_\_

*If the hospital staff calls and cannot reach me by phone, and there is any additional work to be done (teeth cleaning, ear flush, etc.) please do the following:*

- |                          |            |  |                   |
|--------------------------|------------|--|-------------------|
| <input type="checkbox"/> | <i>Yes</i> | <i>Do whatever is necessary at this time to avoid my pet undergoing a second anesthetic procedure for the additional work.</i> | Initials<br>_____ |
| <input type="checkbox"/> | <i>No</i>  | <i>Do not do any work that has not been previously discussed.</i>  | _____             |

*Please note: Any necessary extractions will be performed in conjunction with a scale and polish. There is a per tooth charge for extractions and should a major extraction be necessary estimates can be given at check in.*

## PRE-ANESTHETIC BLOOD WORK & IV CATHETER

**FOR PETS 8 YEARS OF AGE OR OLDER, PRE-ANESTHETIC BLOOD WORK AND IV CATHETER ARE NOT OPTIONAL.**

These procedures increase the safety of any anesthetic procedure. The pre-anesthetic blood work lets us evaluate your pet's basic physiologic condition and the IV catheter placed prior to surgery will allow for an easy route to give medication if an anesthetic complication should occur.

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | Pre-anesthetic Blood work                | Initials<br>_____ |
| <input type="checkbox"/> | IV Catheter                              | _____             |
| <input type="checkbox"/> | Pre-anesthetic Blood work & IV Catheter  | _____             |
| <input type="checkbox"/> | I do not want Blood work and IV Catheter | _____             |

Inquire at check-in for prices. You should understand that it might be necessary for your pet to be sedated prior to these procedures being completed.

Additional services DO NOT include anesthetic price. AN ADDITIONAL CHARGE PER 15 MINUTES DOES APPLY.

- |                          |                        |                          |                |
|--------------------------|------------------------|--------------------------|----------------|
| <input type="checkbox"/> | Scale and Polish teeth | <input type="checkbox"/> | Ear Flush      |
| <input type="checkbox"/> | Express Anal Sacs      | <input type="checkbox"/> | ResQ Microchip |

Inquire about charges at check in.

**SHOULD FLEAS OR TICKS BE PRESENT ON OUR PET THEY WILL BE TREATED AT YOUR EXPENSE.** \_\_\_\_\_