

**Surgery / Anesthesia Authorization
Jones Animal Hospital**

Owner's Name: _____ Pet's Name: _____

Procedure: _____

Because we care about your pet, we recommend that ALL patients who are undergoing surgery or prolonged anesthesia have a pre-anesthetic blood profile evaluated and intravenous fluids administered during the procedure. Please ask the receptionist about the additional costs if you accept these procedures.

Pre-Anesthetic Blood Profile: This profile evaluates kidney function, liver function, anemia, and serum protein levels. This screening will help us to know if we need to take extra precautions with your pet or avoid a procedure altogether until a discovered problem can be corrected.

() **I ACCEPT** the blood profile () **I DECLINE** the blood profile

Intravenous Fluids Consent: This involves placing an intravenous (IV) catheter and administering IV fluids. This helps maintain your pet's blood pressure which is critical for normal cardiovascular and kidney function.

() **I ACCEPT** the IV Fluids () **I DECLINE** the IV Fluids

Pain Control: In order to reduce the anxiety and discomfort to your pet that is associated with surgical procedures, JAH uses injectable analgesics (pain medicine) with surgical procedures. However, additional pain control in the clinic and at home is often necessary. Adequate pain control not only keeps your pet comfortable, but also helps patients recover and heal faster from surgery and injuries.

() **I ACCEPT** additional medications () **I DECLINE** additional medications

Avid Microchip: Every two seconds a family pet is lost. An AVID microchip is a permanent identification that is inserted under the skin with a hypodermic needle. If your pet arrives in a shelter, he/she can be immediately identified with a scanner and the owner notified. While your pet is anesthetized is a good time to have the microchip implanted.

YES, I would like a microchip placed **NO**

I hereby certify that I am the owner or authorized agent of this pet. I understand that you will use all reasonable precautions to assure the safety of my pet while in your care. I approve the use of whatever treatment is necessary for the well-being of my pet. In case of emergency, I authorize the veterinarian(s) and their staff to provide services as necessary.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above named patient and I understand that payment in full is due upon release of the patient from the hospital or when service is otherwise terminated.

In the event of abandonment, I understand that written notice will be mailed to my address to remove the animal. Five days after such written notice, the animal will be considered abandoned and may be disposed of, or destroyed, as Jones Animal Hospital deems best, and it is understood that abandonment does not relieve me from paying all costs of your services and the use of your hospital, including the cost of keeping.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such treatment is considered necessary, as well as its advantages and possible complications, if any. I hereby release Jones Animal Hospital and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of its treatment.

Signature of owner or agent: _____ Date: _____

Today's phone number: _____