

Animal Medical Center of Highland Village

2810 Justin Road Highland Village, TX 75077 (972) 317-7387

SURGERY AUTHORIZATION

Pet Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____

I hereby consent and authorize the veterinarians at Animal Medical Center of Highland Village to perform such diagnostic, therapeutic, anesthetic, and/or surgical procedures as are in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. All patients admitted for surgery or any other treatment must have proof of vaccination by a licensed veterinarian prior to admission. If the pet is not current, then the vaccinations will need to be given and the surgery rescheduled for a later date.

I understand that anesthesia involves risks and hazards in addition to those involved with the recommended surgical, medical, or diagnostic procedure but I request the use of anesthetics for the relief and protection of my pet from pain during the planned and any additional procedures.

The nature of such services has been described to me to my satisfaction and while I expect all surgical procedures to be done to the best of the ability of the professional staff, I realize that neither guarantee nor warranty can ethically or professionally be made regarding result or care.

Prior to your pet's anesthesia, we will run a blood profile to ensure that your pet is healthy. The latest in technology enables us to run safe and accurate blood screening in order to help us determine the function of the kidneys and liver, which are the primary systems used to filter the anesthetic drugs during and after the procedure. In addition, an IV Catheter will be placed in the patient, and we will maintain on IV Fluids, during and post surgery. This will help ensure a quick and safe recovery from anesthesia.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

Please check any additional services you would like performed while your pet is under anesthesia. We will be happy to give you an estimate for these services.

<input type="checkbox"/> Dental Cleaning	<input type="checkbox"/> Express Anal Glands
<input type="checkbox"/> Implant Microchip for Identification	<input type="checkbox"/> Remove Growth
<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Clean Ears
<input type="checkbox"/> Vaccinations	Other _____

Procedure to be performed _____

I can be reached at this number _____

Signature _____