RIVERVIEW ANIMAL HOSPITAL
Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name _____ Pet's Name _____

Anesthetic and medical or surgical procedure(s) to be performed:

_____

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____
I am not _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at this
practice to perform the above procedure(s). I understand that some risks always exist with anesthesia
and/or surgery and that 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 indicates that any
questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital,
I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been
made regarding the results that may be achieved. I agree to pay a deposit of 50% of the estimated fees,
assume financial responsibility for the remaining fees, and provide payment via cash, accepted credit
cards, 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 one) my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care
during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian.
Continuous presence of personnel may not be provided during these hours. If I desire that my pet have
supervision when this facility is closed, I elect to a) _____ pick up my pet and provide such care in my
home, in which case I accept all risks of adverse effects or b) _____ have him/her transferred to a local
emergency clinic where overnight veterinary supervision is available at my expense (initial one).

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has
been made. I have read and understand the nature of the above procedures and give my consent to
proceed.

(_____) _____ - _____   (_____) _____ - _____
Phone number(s) where I can be reached today

_____   _____
Signature of Owner or Authorized Agent   Date