



Commonwealth Animal Hospital
 1058 N. College St, Harrodsburg, KY 40330
 859-734-2245 R. Paul Bosse, DVM



AUTHORIZATION FOR SURGERY or ANESTHETIC PROCEDURE

Client's Name:

Pet's Name:

Anesthetic or surgical procedure(s) to be performed:

I, the undersigned owner, or agent of the owner of the pet identified above authorize the veterinarian(s) at Commonwealth Animal Hospital (CAH) 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 CAH, 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 assume financial responsibility for the 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.

ADDITIONAL SUPPORT SERVICES (Check YES or NO)

- Pre-Anesthetic Blood Testing:
 This bloodwork checks the liver, kidneys, and blood sugar to screen for any disease prior to anesthesia. It also checks for anemia and the white blood cell count (CBC). This provides a baseline value and can indicate disease that may affect your pet under anesthesia. Strongly recommended for any pet 5 years old or older.
 YES NO, I decline pre-anesthetic blood testing
- Advanced Pre-Anesthetic Blood Testing:
 Includes an extended blood chemistry evaluation, CBC, electrolyte panel, and clotting panel.
 YES NO, I decline advanced pre-anesthetic blood testing
- Histopathology (Biopsy)
 Tumors/growths will be sent to laboratory for comprehensive testing.
 YES NO, I decline Histopathology

DENTAL CONSENT

My veterinarian has highly recommended digital dental radiographs as an important diagnostic tool to evaluate the internal anatomy of the teeth, the roots and the bone that surrounds the roots. I understand that without having dental radiographs performed I agree to hold harmless Commonwealth Animal Hospital, including its doctor(s) and staff, from any medical complications that might have been detected, avoided, or treated had digital dental radiographs been performed. I authorize the following radiographs of my pet to be taken: **(initial one)**

_____ Full Mouth Digital Dental Radiographs

_____ Doctor Discretion Digital Dental Radiographs (To be determined at time of procedure)

_____ I decline Dental Radiographs altogether and understand the risks

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. If my pet has more than **_____ (fill in blank with a number)** such teeth that should be extracted, I request that a staff member contact me for authorization or information about other options. If I cannot be reached while my pet is undergoing anesthesia and dental care, I consent to additional extractions at the discretion of the attending doctor and agree to pay for all related fees. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

FLEA POLICY

For the health and safety of our patients, pets with fleas will be treated in the clinic at the current rate.

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 as set forth herein.

Phone number(s) where I can be reached today:

Signature of Owner or Authorized Agent:

Print Name:

Date: **_____**