Surgery Authorization and Risk Assessment:

I, _____, authorize the doctors of Ellenton Animal Hospital to anesthetize and/or perform surgery on my pet _____for the following surgical procedure(s):_____

Pre-Anesthesia Blood Work Consent

We will perform a full physical examination before administering anesthesia. However, we also require pre-anesthetic lab work be performed. This will ensure that your pet is in a lower risk category during anesthesia by ruling out some pre-existing internal problems that MAY NOT BE EVIDENT ON PHYSICAL EXAM.

Pain Management Philosophy

Our hospital strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive fear free medications tailored to your pet prior to their scheduled surgery. They will also receive pain management during surgery, post-operative recovery and prescribed for use at home. The attending veterinarian will use the pain protocol that they deem best for your pet.

Additional Services Provided At No Charge For Surgical Procedures:

- **IV Catheter Placement and IV Fluid Therapy**
- **Therapeutic Laser Therapy:** results in decreased inflammation, decreased pain, and accelerated healing
- **Nail Trim**

Food/Water/Medications

Last time patient ate: _____ AM/PM Drank: _____AM/PM

Medications patient is currently taking: _____ Last administered: _____

Any concerns that we should be aware of: _____

Please keep the emergency phone, listed below, on and with you at all times. If you are not able to answer the phone, a detailed message will be left for you. In the unlikely event that LIFE SAVING MEASURES need to be taken, we will perform them and call the below listed number immediately; DELAYING any further procedures until you are reached.

Do you authorize additional therapies, such as CPR? **Resuscitate**:_____ **Do not Resuscitate**:_____

_____The nature of the procedure and the potential risks, have been explained to me and I understand the procedure(s) to be performed. The veterinarians and hospital team will do everything possible to minimize any risks, but I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. I will not hold Ellenton Animal Hospital, the veterinarians or any team member liable for any complications that may arise. No warranty or guarantee has been stated or implied to me as to the results or cure afforded by these treatments or procedures. My initials and signature on this consent form indicates that any and all my questions have been answered to my satisfaction.

_____I understand that during these procedures great care is taken to ensure my pet's health, but unforeseeable conditions may occur that necessitate an extension or variance in the procedure(s) defined above. I authorize Ellenton Animal Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseeable circumstances. I accept responsibility for any result in additional charges.

_____I certify that I am over the age of 18 and I authorize the staff of this hospital to perform the procedure(s) listed above. I understand that I am assuming full financial responsibility for all services rendered at the time my pet is discharged from the hospital.

Primary Phone Number (all day): _____ Secondary Phone Number: **_____**

Printed Name: _____ Signature:_____

Date:_____ Admitting Technician: _____