

**Central Texas Animal Hospital
1200 West Pecan
Pflugerville, TX 78660**

Surgical/Anesthetic Consent Form (revised 3/5/09)

I hereby consent and authorize CENTRAL TEXAS ANIMAL HOSPITAL, its doctors, agents, employees, and representatives to administer such treatment, diagnostic, surgical and anesthetic procedures as they deem necessary. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment. I also certify that no guarantee or assurance has been made as to the results that may be obtained. In the event that I (or my representative) cannot be reached at one of the 2 phone numbers listed here, **I understand that additional treatment may be administered as deemed appropriate by my pet's attending Veterinarian without my expressed approval.** Further, I assume financial responsibility for all charges incurred to patient, consent to release of medical information and authorize payment to: CENTRAL TEXAS ANIMAL HOSPITAL.
If your pet is in heat, pregnant or obese, an additional charge may be assessed.

Further, I understand that pain relief medication will be administered as deemed appropriate by my pet's veterinarian.

Signature: _____ Date: _____

Phone where I (or my representative) can be reached directly:

Ph #1. _____ Ph#2. _____

Patient Name: _____ Procedure: _____

Authorization for Pre-Anesthetic Testing

Advances in anesthesia, monitoring and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine physical examinations. ****To avoid the risk of such problems, we recommend** that your pet be screened by means of kidney and liver function testing.

- ♥ Blood chemistry tests provide an inside look at your pet's vital organs.
- ♥ Results determine your pet's readiness for surgery.
- ♥ Results help your pet's doctor determine the best type of anesthesia for you pet.
- ♥ Testing helps to detect any potential problems early on, before symptoms appear and before conditions become *more costly to treat.*

I **AUTHORIZE** pre-anesthetic blood testing for my pet (\$67.50)

Signature: _____ Date: _____

I **DECLINE** pre-anesthetic blood testing for my pet.

Signature: _____ Date: _____

Microchip Placement/Registration (\$35.75) I **AUTHORIZE** _____ I **DECLINE** _____ Microchip Placement

For Dental Cleanings only:

If my pet's veterinarian recommends the extraction of any teeth:

_____ Call me 1st. Do not extract any teeth without my consent.

_____ Try to contact me. If you are unable to reach me, my pet's Veterinarian is authorized to extract teeth as he deems appropriate.

_____ I authorize my pet's Veterinarian to extract teeth as recommended.

Authorization for Oravet Dental Sealant

ORAVET is a dental sealant that our veterinarians recommend to help prevent the build-up of additional tartar, and the progression of periodontal disease. The initial treatment is done here, immediately following your pet's dental prophylaxis. Two weeks later, you'll begin the easy weekly application at home.

I **DO** Authorize _____ I **DO NOT** Authorize _____

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.

FOR ESTIMATED SERVICES OVER \$100, A DEPOSIT MAY BE REQUIRED.

WE APPRECIATE THE TRUST THAT YOU HAVE PLACED IN OUR HOSPITAL. THE HEALTH AND SAFETY OF YOUR PET IS OUR FOREMOST CONCERN.