

OATES VETERINARY CLINIC INC

AUTHORIZATION & CONSENT FOR HOSPITALIZATION/SURGERY

For the doctors and staff of Oates Veterinary Clinic Inc. Kenton, Ohio

Owner's Name: _____ Pet's Name _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the following procedure / care:

I understand that during the performance of the procedure(s) for the above situation(s) unforeseen conditions may be revealed that necessitates an extension of the foregoing procedures, or even different procedures, that those set forth previously. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthetics and the administration of other medicine and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent form.

PLEASE (✓) IF YOU WOULD LIKE TO HAVE ANY OF THE FOLLOWING PROCEDURES DONE WHILE YOUR PET IS HERE.

- | | |
|--|---|
| <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Pull teeth | <input type="checkbox"/> Biopsy (tissue) |
| <input type="checkbox"/> Surgical removal of teeth | <input type="checkbox"/> K9 Heartworm test—preventative/ feline FELV/FIV test |
| <input type="checkbox"/> Fluoride treatment | <input type="checkbox"/> Laser surgery |
| <input type="checkbox"/> Pre Surgical blood work | <input type="checkbox"/> IV Fluids |
| <input type="checkbox"/> Home Again chip | <input type="checkbox"/> ear slide/treat ears for mites/infection |
| <input type="checkbox"/> Nail trim | <input type="checkbox"/> Other _____ |

PAIN MEDICATION FOR YOUR PET __YES __NO

POST SURGICAL THERAPY LASER __YES __NO

(date) _____ (signature of Owner) _____

The following services are offered as best practice procedures because our doctors feel they offer our clients' pets the best medical care for their well being. If you state that you will leave it up to the doctor to decide, IT WILL BE DONE. If you do not wish to have these procedures used for your pet while it is in our care you MUST sign the waiver to decline services.

IV FLUIDS WAIVER

Having your pet on IV fluids while it is under anesthesia can help your pets body processes to remain stable during that time. We offer IV fluids with anesthetic for the cost of \$60.00. This will only be administered during the procedure and will not be something that will stay on the pet during recovery. In certain cases, the doctors may require the IV fluids.

Unless the doctor has required your pet to be on IV fluids during the procedure, this is an option available to all pets who will be undergoing an anesthetic procedure.

Agent Authorized to Waive Care: X _____ (date) _____

DIAGNOSTIC TESTING WAIVER

Every animal undergoing anesthesia/surgery needs to be screened for internal problems not readily evident by physical exam.

At a minimum these include drawing a single blood sample to evaluate the liver, kidneys, glucose levels, and screen for anemia prior to the anesthetic, to ensure your pet's ability to undergo anesthesia. The cost for these tests is \$75.00 and **will be done unless specifically waived by your signature below.**

If you **do not** wish to have any screening tests, and wish to waive these procedures, please indicate with your signature below:

Agent Authorized to Waive Care: X _____ (date) _____

PHONE NUMBER THAT YOU CAN BE REACHED AT TODAY: _____

If during the examination prior to the surgical procedure that was outlined above, your pet is found to have fleas, a **Capstar** tablet will be given at your expense. ____ If you would like us to apply a topical flea treatment, or fix up a flea treatment to take home, indicate here: _____

If during the examination or surgical procedure that was outlined above, the Dr. finds additional concerns that need to be addressed while my pet is under anesthesia and they are unable to reach me for consultation I would like the Dr to:

____perform the additional procedure

____not do anything that I did not previously give my consent for