

NORTHPOINTE ANIMAL HOSPITAL

TREATMENT AUTHORIZATION FORM

CLIENT: _____ DATE _____

PATIENT: _____ AGE _____

PRE-ANESTHETIC BLOOD WORK: Your pet is scheduled for a procedure where anesthesia is necessary. Although a complete physical exam is done on every surgical candidate prior to sedation, some disorders can go undetected without testing the blood. We recommend that a blood test be performed on your pet before administering anesthesia. I understand that the blood analysis will not guarantee the absence of complications, but that it will give us more insight as to my pet's health status and may greatly decrease the risk of anesthetic complications.

_____ I AGREE TO HAVE THE PRE-ANESTHETIC BLOOD WORK PERFORMED ON MY PET.

_____ I DECLINE the recommended pre-anesthetic blood panel on my pet and realize that by doing so that I could be putting my pet at greater risk of anesthetic and surgical complications. I understand and accept full responsibility, financially and otherwise, for any problems that may develop if my pet has an undetected condition and is placed under anesthesia.

ANESTHESIA:

_____ I AGREE to have my pet undergo anesthesia here at NorthPointe Animal Hospital (NPAH) in order to perform the procedure(s) listed below. I understand that there is always a risk with anesthesia and I entrust the care of my pet to NPAH for such services.

PROCEDURE OR SURGERY TO BE PERFORMED: _____

_____ I AGREE to have the above-mentioned procedure/surgery performed by NPAH.

I authorize NPAH to administer treatment, as considered therapeutically and/or diagnostically necessary on the basis of findings during the course of evaluations on pet(s). I consent to administration of anesthetics, other medications and surgical procedures that are necessary for emergency situations.

ALL CHARGES ARE TO BE PAID IN FULL UPON RELEASE OF THE PET. Please note that there may be additional charges due to unforeseen circumstances. By signing this, I agree to be responsible for any charges that may apply.

I certify that I have read and fully understand and agree to the above authorizations/conditions for my pet's care.

OWNER SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____