

MIAMI SPRINGS ANIMAL HOSPITAL.

Authorization for Anesthesia Procedure(s) and/or Surgery

Date _____
Owner's Name _____
Phone Number _____ Cell/Emergency # _____
Pet's Name _____ Canine _____ Feline _____
Breed _____ Color _____ Male _____ Female _____

PROCEDURES-TREATMENT-SURGERY: _____

I _____, the owner or authorized agent of the owner of _____, authorize and direct the veterinarians of **Miami Springs Animal Hospital**, and/or their assistants to perform the services described above and all procedures, diagnostic, treatment, and/or administration of medication within the accepted veterinary guidelines, as deemed advisable and/or necessary for my pet. I understand the possibility of death, as a severe complication of surgery, anesthesia, or any other procedure does exist. I am aware that these procedures are performed as a precaution; preliminary blood work, monitoring the pet while it is in surgery and providing nursing recovery care until pet goes home. 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 understand and assume the responsibility of any additional expenses that may occur as part of these procedure or treatment. I understand that the pet is to fast 10 hours prior to be anesthetized. There is no guarantee nor can one be made as to the results of any therapy. I understand that **Miami Springs Animal Hospital** may not be present overnight; only during office hours. If I desire that my pet have supervision when this facility is closed, I elect _____ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or, _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense. (*Initial one*) If I neglect to pick up the pet within 7 days of above, you are to assume that the pet has been abandoned and you are authorized to dispose of the pet, as you deem best. A deposit may be necessary or all fees may be due upon release of patient. I fully understand the terms of this agreement and do authorize the hospital staff to perform the above indicated services on my pet. It is also agreed that if I do not pay this account as agreed, that past due accounts are subject to costs of collection, including attorney's fees.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

My signature of this form indicates that any questions I have regarding the following issues have been answered to my satisfaction: 1-The reasonable medical and/or surgical treatment options for my pet, 2-Sufficient details of the procedures to understand what will be perform, 3- How fully my pet will be recover and how long it will take, 4-The most common and serious complications, 5-The length and type of follow-up care and home restraint required, 6- The estimate of the fees for all services and 7-Any necessary payment arrangements.

Signature of Owner or Authorized Agent _____

GENERAL ANESTHESIA

- CHEMISTRY PROFILE, CBC, ELECTROLYTES
 - ELECTROCARDIOGRAM
 - RADIOLOGY
 - PT/PTT

Anesthesia carries some risks (even though it may be small). Therefore, **BEFORE USING GENERAL ANESTHESIA**, Blood Testing is recommended. **LIVER** and **KIDNEYS** remove the anesthetic agents from the body. So it is important to know before anesthesia is administered that these organs are functioning at 100%. **BLOOD WORKS** helps us make this determination. If there is any indication of dysfunction, then appropriate steps can be taken to insure the safety of your pet. As well, an **ELECTROCARDIOGRAM** is recommended to ensure the wellbeing of your pet.

We may have already recommended these procedures. If not, you can elect these tests to be performed by writing your INITIALS in the appropriate boxes below.

If there is any indication of abnormalities, our clinic will either contact you **BEFORE PROCEEDING** or **TAKE THE STEP NECESSARY** to help ensure the safe of your pet.

FEE FOR CHEMISTRY PROFILE ----- \$ 77.00

- () *YES*, I want my pet to have a pre-anesthetic Blood Screening
() *NO*, I do not want a pre-anesthetic Blood Screening performed.

FEE FOR CBC TEST----- \$ 48.00

- () *YES*, I want my pet to have a CBC TEST.
() *NO*, I do not want a CBC test performed.

FEE FOR ELECTROLYTES TEST----- \$ 47.00

- () *YES*, I want my pet to have a CBC TEST.
() *NO*, I do not want a CBC test performed.

FEE RADIOGRAPH TWO OR FOUR VIEWS-----\$ 120.00 - \$ 240.00

FEE FOR PROCESSING----- \$ 36.00

- () *YES*, I want my pet to have a RADIOGRAPH STUDY
() *NO*, I do not want a RADIOGRAPH STUDY

FEE FOR ELECTROCARDIOGRAM ROUTINE TEST-----\$ 175.00

- () *YES*, I want my pet to have an ELECTROCARDIOGRAM ROUTINE TEST.
() *NO*, I do not want an ELECTROCARDIOGRAM TEST performed

FEE FOR PT/PTT TEST (COAGULATION PANEL)-----\$ 95.00

- () *YES*, I want my pet to have a PT/PTT TEST.
() *NO*, I do not want a PT/PTT TEST.

Signature _____

Date _____