



**Anesthesia and Surgical/ Dental/ Diagnostic/ Medical Procedure Authorization**

**Client Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_ **Species** \_\_\_\_\_ M M/C F F/S

**Procedures to be done:** \_\_\_\_\_

Communication between the doctor and pet owner is essential to the best possible veterinary service. Please feel free to discuss your pet's treatment program and its cost at any time.

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or different procedure(s) than those set forth above. It may be necessary for the doctor to call you during your pet's procedure to recommend further diagnostics, procedures, or treatments. Please leave a phone number where you or your agent may be reached:

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_

In the event that I or my authorized agent cannot be contacted at the above number(s) in a reasonable time, I hereby \_\_\_\_\_ do \_\_\_\_\_ do not consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment, up to a maximum cost of \_\_\_\_\_ dollars.

**Payment:**

We ask for payment in full at the time of your pet's release. We will accept Cash, Visa, Master Card, Discover and American Express. Checks will be accepted only with a current California driver's license.

**Authorization for Medical and/ or Surgical Treatment.**

I hereby authorize and direct the veterinarians of Newport Harbor Animal Hospital to perform the indicated procedures as deemed advisable or necessary for my pet. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that my pet will be under anesthesia for these procedures. I understand and accept the risks involved with the above noted procedures and anesthesia.

A pre-anesthetic blood screen is required and depending on the age and condition of your pet, additional lab work may be recommended by the doctor prior to the procedure to assess internal organ function and minimize risks. I authorize the following tests (**please initial your choice(s)**): Our doctors and staff will help you choose the test(s) most appropriate for your pet.

\_\_\_\_\_ Mini Blood Screen (5 chem. panel & PCV) \_\_\_\_\_ Complete Urinalysis

\_\_\_\_\_ Newport Harbor Dog Panel (Complete CBC, Chemistry Profile, Thyroid profile and Heartworm Test)

Note: This test must be done at least 24 hours in advance.

\_\_\_\_\_ A blood panel has already been done on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)

\_\_\_\_\_ Additional or alternative testing to be done \_\_\_\_\_

\* I am the owner or authorized agent and as signer have the authority to authorize the animals' treatment.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. The estimate of charges for presently planned procedures is an approximation only, and the final bill may be greater or less than this amount, depending on my pet's individual needs. I further agree that in the event of non payment, a finance fee of \$15.00 plus interest at the rate of 1.5%/ mo. (18% per annum) will be charged and that any collection or attorney fees will be paid by me. I have read and understand this authorization and consent form.

\* The signer agrees that in the event the doctor/hospital suffers damage, due to treatment that was fraudulently or improperly authorized that signer will assume full financial responsibility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Print Name** \_\_\_\_\_