



Faust ANIMAL HOSPITAL



AUTHORIZATION FOR SURGICAL TREATMENT

Owner name: _____ Patient name: _____

Phone: _____ Alternate phone: _____

The above named animal will be undergoing surgery at Faust Animal Hospital. The procedure will include the following:

- Surgical Cost (Surgeon, assistant(s) and Operating Room).
- Physical exam prior to surgery
- Pre-operative Blood work
- Intravenous catheter placement and fluids Anesthesia.
- Monitoring during surgery (Blood Pressure, Respiration, Temperature, Oxygen Saturation, and EKG).
- Post-operative Pain Management (one treatment is included. Additional treatments will be an additional cost, if needed).
- Post-operative monitoring by Veterinary Technicians and Veterinarian.

Medical/surgical treatment to be performed: _____

Please read and initial below:

- I hereby authorize the veterinarian (and designated associates or assistants) to administer such treatment as is necessary to perform the above-mentioned procedures, and additional procedures the Doctor determines are necessary. **Initials:**
- I further understand that there is always an anesthetic risk. **Initials:**
- I also certify that I have read and fully understand this authorization for medical and/or surgical treatment. **Initials:**
- I also assume financial responsibility for all charges incurred to patient, and agree to pay all such charges upon receipt. **Initials:**

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand that there is always a risk associated with any anesthetic procedure even in apparently healthy animals. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian’s professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

I understand no staff will be attending to my pet overnight, pets needing special care may be referred to a 24 hour hospital.

Signature: _____ Date: _____