



Hospitalization/Surgery/Anesthesia Authorization

Owner's Name _____ Today's Phone _____ Hours _____.

Pet's Name _____ Species _____ Breed _____

Procedure(s) _____

I am the owner (or agent of the owner) of the animal described above. I hereby authorize Canyon View Animal Hospital to perform such diagnostic, therapeutic, anesthetic, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I expect that reasonable precautions will be used to insure the animal's safety and well being while in the hospital's care. I agree to be responsible to pay for all charges at the time of discharge. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. Estimates will be provided upon request.

I also authorize the hospital director and staff to provide veterinary services as requested, or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised.

TO ENSURE YOUR PETS SAFETY DOGS AND CATS REQUIRE PRE-ANESTHETIC SCREENING!

Signature _____ Date _____

Please list all prescribed medications that your pet is taking at this time:

1. _____ Last Dose Given _____

2. _____ Last Dose Given _____

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Pain Medication Options/Release

One of the new frontiers of veterinary medicine involves a new understanding of pain perception and treatment for animals. Pain control has improved recovery time and decreased complications in people. The most effective method of pain control is to prevent pain receptors from ever sensing pain. Therefore we routinely administer these medications prior to a procedure, however some animals experience "breakthrough" pain after surgery.

May we administer additional pain medication post-operatively if your pet is showing signs of pain? (i.e. crying, restlessness, elevated heart rate, vigorous panting, etc.) The cost of administration of pain medication averages \$18.00 to \$25.00 per patient.

PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS:

1. _____ Yes, please administer additional pain medication if the veterinarian feels it is indicated.
2. _____ Please, call first for my approval before administering any additional pain medication if the veterinarian feels it is indicated.
3. _____ No, please do not administer any additional pain relief medication.

Signature _____ Date _____

PLEASE NOTE ADDITIONAL SERVICES YOU WOULD LIKE PERFORMED WHILE YOUR PET IS UNDER ANESTHESIA.

**ID CHIP VACCINATIONS CLEAN EARS NAIL TRIM FECAL (INTESTINAL PARASITES)
HEARTWORM TEST FELINE LEUKEMIA/FIV TEST REMOVE GROWTHS EXPRESS ANAL SACS
OTHER _____**

Staff Initials _____