

OWNER \_\_\_\_\_

Animal Hospital of Whitfield County

PET \_\_\_\_\_

1306 N Thornton Ave

DATE \_\_\_\_\_

Dalton, GA 30720

Phone 706-226-3710 Fax 706-226-2802

**Authorize for and consent to Anesthesia and surgery or diagnostic/therapeutic procedures**

I hereby authorize the following procedure(s) to be performed by the admitting Veterinarian, or designated associates and assistants:

\_\_\_\_\_

To minimize risks, selected laboratory tests are given to help assess your pet's ability to safely undergo anesthesia and identify certain potential problems that could endanger your pet. Additionally, placement of intravenous (IV) catheter will allow delivery of IV fluids to assist in the maintenance of blood pressure and allow rapid access for IV drug administration in the event an emergency situation develops.

**I may be reached at the following phone number (s):**

\_\_\_\_\_

I understand the above anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

