



Client Name: _____ Chart Number: _____ Pet's Name _____

Procedure(s) _____

ANESTHESIA/SEDATION/PROCEDURE AUTHORIZATION

Please initial after each statement below:

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure(s)/surgery to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that clinic personnel will be employed in the procedure(s)/surgery as directed by the veterinarian. _____

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. _____
Emergency Phone Number for the day of the procedure(s)/Surgery _____

I agree to pay the full amount for the services rendered. I understand that there may be an additional balance due when the pet is released. Furthermore, I understand that my pet will not be released from the clinic until all services are paid in full. _____

The veterinarian has described the procedure(s)/surgery identified in this form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures. _____

In the event that my pet is hospitalized beyond the first day at the clinic, I understand that veterinary care during the overnight hours **IS NOT** provided by Amarillo Veterinary Clinic and weekend care is provided by a technician once in the AM and once in the PM ONLY. If I desire, that my pet have supervision when Amarillo Veterinary Clinic, PLLC is closed or has minimal support, I elect to a) _____ have pet remain at Amarillo Veterinary Clinic knowing there is only basic AM/PM tech support b) _____ pick up my pet and provide care in my home, in which case I accept all risks of adverse effects, or c) _____ have my pet transferred to the local Small Animal Emergency Clinic where overnight veterinary supervision is available at my expense. **NO DOCTORS ARE ON STAFF OVER NIGHT OR ON WEEKENDS.**

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. I am encouraged to discuss my concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Amarillo Veterinary Clinic PLLC provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is a risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Amarillo Veterinary Clinic PLLC, the veterinarians, or any staff member liable for any complications that may arise. _____

I have read and understand this authorization.

Owner/Authorized Agent Signature _____ Date _____

Receptionist/Technician/DVM witness initials _____

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