

West Davis Veterinary Clinic

3411 West Davis
Conroe, TX 77304
936-756-8801

Authorization & Consent for Hospitalization/Surgery

Date: _____ Owner: _____ Today's Phone#: _____

Pet's Name: _____ Species: _____ Breed: _____ Sex: M F

Last Time Pet Has Had Any Food or Water: _____

Treatment Authorization Statement

I am the owner or agent for the above described animal and have the authority to execute this consent and authorize the following procedure/treatment:

I understand that during the performance of procedures for the above situation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even different procedures than those set forth previously. I hereby consent and authorize West Davis Veterinary Clinic to perform such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I additionally authorize the use of appropriate anesthetics and the administration of other medications, and understand that the hospital staff will be utilized as deemed necessary by the veterinarian. I understand that there are risks associated with anesthesia and/or surgery, and that complications may occur, including death, and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated. I have been advised of the benefits and risks of the procedure to my satisfaction.

I have read and understand this authorization and consent.

Owner's/Owner's Agent Signature: _____ Date: _____

Witness: _____ Date: _____

The laboratory requirements for this procedure are:

Every animal undergoing anesthesia deserves to be screened for internal problems not readily evident on the external physical examination. Diagnostic and screening tests will be conducted to assure your pet's ability to undergo anesthesia safely.

The following test is required based on patient history and condition:

Complete Blood Cell count, Blood Chemistry Screen, Thyroid Check and Urinalysis for pets 7 years old and older

The following test is strongly recommended based on patient history and condition:

Complete Blood Count, Mini Blood Chemistry screen for pets up to 7 years

I have been advised of the nature of these services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed and my financial obligation remains.

I agree to have the recommended test(s) performed on my pet.

Owner's/Owner's Agent Signature: _____ Date: _____

I decline to have the recommended tests performed on my pet and accept the risks involved.

Owner's/Owner's Agent Signature: _____ Date: _____

While your pet is under anesthesia we will be happy to perform any of the following elective procedures:

- | | | | |
|--|---------|--|---------------|
| <input type="checkbox"/> Sanitary Hair Clip | \$15.00 | <input type="checkbox"/> Microchipping& Registration | \$58.99 |
| <input type="checkbox"/> Express Anal Glands | \$27.96 | <input type="checkbox"/> Trim Nails | complimentary |
| <input type="checkbox"/> Ear Cleaning | \$44.20 | | |