



18224 Parthenia Street Northridge, CA 91325
Tel: 818-349-8387 • Fax: 818-886-4195

Patient Name: _____

Owner's Last Name : _____

Anesthesia Date: _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

- I, the undersigned, owner or authorized agent of admitted patient, hereby authorize the admitting veterinarian (and his/ her designated associates or assistants) to administer such treatments and/or anesthetics deemed necessary to perform all recommended and specified procedures as considered therapeutically necessary.
- Some surgical and medical problems require more than a physical examination (blood tests, urinalysis, radiographs, etc) before a total expense can be approximated by the doctor. If additional testing, care, and treatment are needed, these will be discussed with you based on information obtained earlier. Initial when approved.
- It is understood that these are estimated fees. If the patient's condition dictates, all reasonable attempts will be made to contact you before additional treatment is rendered. Thank you for understanding.
- I will assume financial responsibility for all charges incurred to the patient(s), and agree to pay all such charges at the time or release of such patient.
- Porter Pet Hospital is authorized to dispose of said patient unless the owner calls for, and pays for all accrued charges on the animal within three (3) days after notification that the animal is ready to be released from the hospital. I understand that this action will not, however, relieve me from paying all charges rendered, and all legal and/or court costs incurred in connection with collection for services. Initial when approved.
- I understand that no guarantee of successful treatment is made. I further understand that there is no monitoring or veterinary service provided during nighttime hours. Continuous presence of qualified personnel may not be provided at all times.
- I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment deemed necessary, as well as its advantages and possible complication, if any.

Signature of Owner or Responsible Agent

Date:

Today's Contact Phone Number:

WAIVER FOR EMERGENCY SERVICES

- Anesthesia is safer than it has ever been, but there is an inherent risk associated with anesthetizing your pet. We recommend the additional treatments on the following page to help mitigate this risk. It is your decision to approve or decline these treatments.
- Please understand, in the event of an emergency, we will make every attempt to keep your pet alive. There may be additional charges associated with emergency services performed on your pet such as CPR, Oxygen Therapy, IV Catheter, and injections. You will be responsible for paying for all treatments performed at discharge.

I give permission to perform any necessary, life-saving procedures on my pet(s) in the event of an emergency or complication. I understand these treatments and/or additional medications are at an additional cost.

DNR- I do not want any necessary, life-saving procedures performed on my pet(s) regardless of an emergency or complication. I understand this may result in my pet's death.

Owner/Agent's Signature

Owner/Agent's Signature

DENTAL PROCEDURES

Extractions are at an additional cost and range from \$37 to \$200.

I give permission to pull any loose or infected teeth while my pet(s) is/are under anesthetic. I understand that extractions and/or additional medications are at an additional cost.

I do not want any dental extractions performed on my pet(s) during the dental procedure, even though I am aware of the necessary risks of not removing any infected/broken/loose teeth.

Owner/Agent's Signature

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RECOMMENDED TREATMENTS

PRE-ANESTHETIC BLOOD WORK \$168.17

If your pet is to have surgery, you can be rest assured that advances in anesthetic protocol have made routine procedures relatively safe, with low-risk complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-surgical examinations.

We feel strongly that a pre-anesthetic profile is very important to your pet's health. Another benefit of this testing is to provide a baseline for future reference.

YES, Please perform the recommended pre-anesthetic blood work.

_____ (initial to approve)

NO, I decline the recommended pre-anesthetic blood work.

_____ (initial to decline)

IV FLUID PACKAGE \$147.45

Anesthesia causes many changes to occur in the body. This includes a decrease in blood pressure, which can be especially dangerous in older and small pets. This side effect can lead to compromised organ functions, namely stresses to the heart & kidneys.

We recommend any pet undergoing anesthetic be supported with an IV catheter and IV fluids. This allows us access to blood vessels which is vital in case of an emergency and also in supporting vital organ functions by maintaining blood pressure.

YES, Please give my pet an IV catheter and IV fluids during this procedure.

_____ (initial to approve)

If "YES," please disregard the IV Catheter below.

NO, I decline an IV catheter and IV fluids for my pet during this procedure.

_____ (initial to decline)

If "NO," please consider the IV Catheter below.

IV CATHETER \$54.05

This option is included in the previously listed IV Fluid Package. An IV catheter allows us immediate access to blood vessels which is vital in the event of an emergency.

YES, Please give my pet an IV catheter during this procedure.

_____ (initial to approve)

NO, I decline an IV catheter for my pet during this procedure.

_____ (initial to decline)

POST-OP PAIN MANAGEMENT INJECTION \$42.95-\$62.88

POST-OP PAIN MANAGEMENT TO GO HOME \$28.95

Many animals experience some discomfort with surgical and dental procedures. For a smoother recovery, we recommend pain management, which is given as an injection after the surgery or procedure and followed up with pain relief medication sent home.

YES, Please give my pet an injection for pain relief after surgery.

_____ (initial to approve)

YES, Please send home a pain reliever for my pet's continued comfort.

_____ (initial to approve)

NO, I decline pain management for my pet.

_____ (initial to decline)

ELIZABETHAN COLLAR \$20-\$32

Pets do not understand that repeatedly licking or scratching an area will damage it. And they can cause very serious damage to themselves in no time flat.

To prevent your pet from excessive licking or causing self-trauma at the healing surgical site, we recommend an Elizabethan collar.

YES, Please outfit my pet with an Elizabethan collar.

_____ (initial to approve)

NO, I decline an Elizabethan collar.

_____ (initial to decline)

