

**Healdsburg Veterinary Hospital**

**Ph. (707) 433-5539 Fax (707) 433-0173**

**SURGICAL AUTHORIZATION:**

I, \_\_\_\_\_, authorize the attending veterinarian to do the following while my pet, \_\_\_\_\_ is in surgery/under anesthesia. Please check only ONE:

- Do whatever is in my pet's best interest
  - Try to reach me at the number below, but if you are unable to reach me immediately, do what's in my pet's best interest
  - Try to reach me at the number below, if I do not answer immediately then **DO NOT** do more extensive procedures. We will not continue with the necessary procedures. Please note that if you check this box, we may not be able to do everything needed if we cannot reach you during the surgery. I understand that I may incur additional costs including anesthetizing my pet again at another time because of this decision.
- Approve \_\_\_\_\_ Declined \_\_\_\_\_

**HOSPITALIZATION AUTHORIZATION:**

I authorize Healdsburg Veterinary Hospital to use all reasonable precautions against injury, escape, or destruction of the animal(s), but we will not be held liable or responsible in any matter whatever, or circumstances, on account of the care, treatment or safekeeping of the animal(s) named above, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. Financial responsibility for services rendered is due at time of discharge.

I acknowledge that continuous presence of personnel may NOT be provided at ALL hours – see our posted hours of operation below. Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge.

Hours of Operation: Monday – Friday: 8:30 a.m. – 12:00 p.m.; 2:15 p.m. – 5:00 p.m. We are closed Saturdays and Sundays.

**PRE-ANESTHETIC BLOODWORK AUTHORIZATION:**

Before putting your pet under anesthesia, we routinely perform a full physical examination. We also highly recommend (and sometimes require) that certain blood work be performed on all pets' undergoing anesthesia to maximize patient safety. Pre-surgical blood work and physical examination allows us to best minimize anesthetic and surgical risks for your pet. Please read the options below and initial ONE option:

Yes, I authorize(d) pre-anesthetic blood work (minor) \_\_\_\_\_

Yes, I authorize(d) pre-anesthetic blood work (major) \_\_\_\_\_ (over 7 years of age)

No, I decline all pre-anesthetic blood work recommendations given by the attending veterinarian and understand all associate risks \_\_\_\_\_

I hereby consent and authorize Healdsburg Veterinary Hospital to receive, prescribe for, treat, or operate upon my animal.

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

Phone Number (where you can be reached immediately and within the next 3 hours): \_\_\_\_\_