



Hospital Authorization for Professional Services

OWNER:

PET :

EMERGENCY PHONE NUMBER(S):

I hereby AUTHORIZE Indian Valley Animal Hospital to perform the following procedures. I understand unforeseen conditions may be revealed that may necessitate additional procedures. I hereby authorize the performance of such procedures as deemed necessary in the veterinarian's professional judgment.

PROCEDURE (S):

I WOULD LIKE MY PET TO HAVE THE HOMEAGAIN MICROCHIP.

AUTHORIZATION FOR ALL THE DOCTOR'S RECOMMENDATIONS.

MY PET HAS BEEN FASTED (NO FOOD AFTER 8PM) IN PREPARATION FOR TODAY'S PROCEDURE(S).

MY PET HAS HAD, OR WILL NEED, THE FOLLOWING MEDICATIONS: (NOTE WHEN LAST GIVEN OR WHEN DUE FOR NEXT DOSE.)

MY PET HAS THE FOLLOWING BELONGINGS WITH THEM:

As with human anesthesia there are always risks which can cause complications, up to and including death. The doctors and nurses do all we can to minimize this risk. Therefore, we want you to be informed and understand all your options. Please do not hesitate to ask if you have any additional questions.

IF MY PET WERE TO ARREST, I DO WANT CPR PERFORMED.

IF MY PET WERE TO ARREST, I DO NOT WANT CPR PERFORMED.

Payment in full is expected at time of pickup unless prior arrangements have been made with hospital administration.

I HAVE READ AND UNDERSTAND THE AUTHORIZATION AND CONSENT.

(Date)

(Signature of owner or authorized agent)

IVAH STAFF