

Prestige Animal Hospital
10986 Sierra ave. #400
Fontana, CA 92337
(909)357-7300

Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: _____ Pet's Name: _____

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarians at this veterinary practice to perform the discussed procedure(s). I understand that some risks always exist with anesthesia, sedation/immobilization, and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I agree to make a full payment of the estimated fees, assume financial responsibility for the remaining fees, additional fees, and provide payment via cash, credit card or check at the time my pet is dropped off for the procedure. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has permission and I agree** _____ /**does not have permission and I do not agree** _____ (initial one) to provide such treatment and to pay for such service.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to either pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or transfer my pet to a local emergency clinic where overnight veterinary supervision is available at my expense.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

Phone number(s) for today:

Primary: (____)_____-_____-_____ Alternate: (____)_____-_____-_____

YES, I authorize Prestige Animal Hospital, to text me with any updates of my pet today. I will be responsible for any texting charges that may apply with my cell phone carrier.

No, I declined text messaging updates for my pet.

Signature of Owner or Authorized Agent

Date