



Where Your Pets Are Treated Like Family

Animal Hospital at Oakleaf Plantation (AHOP)
8483 Merchants Way Jacksonville, FL 32222 (904) 317-6555
Authorization for Surgery or Anesthesia

I, _____, hereby authorize AHOP to perform upon _____ the following procedure: _____. I can be reached today at the following emergency phone # (in case you need to get in touch with me prior to my pet's procedure) _____.

Your pet is scheduled for anesthesia/surgery. In order to minimize the risk associated with anesthesia, we expect preoperative blood work be done prior to the anesthesia. These tests will be performed in our in-house laboratory. This blood work also serves as a reference value for future use if your pet should become ill. You may elect to choose a more complete blood work panel regardless of your pets age.

Please initial your choice (select one):

a. Healthy Pets (0 to 5 years):

Minimal Screen: CBC with diff and 2 chemistry tests \$ 39.00 _____ ; **OR**

b. Healthy Pets (5 to 6 years):

Basic Screen: CBC with diff, electrolytes, and 10 chemistry tests \$ 74.00 _____ ; **OR**

c. Healthy Pets (7 years and over):

Most Complete Screen: CBC with diff, electrolytes, and 17 chemistry tests \$ 99.00 _____

Please answer questions below:

- Has your pet eaten **anything** within last 12 hours (including treats)? YES NO If so, what? _____
- Has your pet had **any medications** within last 24 hours (including non-prescription medications or supplements)? YES NO If so, what? _____
- If a dental is being performed and extractions are necessary, would you like for us to call you first? YES NO NOTE: You must be reachable; otherwise, extractions may be postponed.
- I wish for my pet to receive pain medication to decrease the discomfort of surgery at an additional cost of **\$33.00 (highly recommended)**? YES NO This may not be optional depending on the procedure.
- Microchips are available for an additional cost of \$50.00. Our microchips do not have additional fees. The original cost covers all registration for the lifetime of your pet. Microchip my pet? YES NO

Please initial that you agree to and have read and understand the following statements:

- We require an IV catheter to be placed prior to surgery for all anesthetic patients. This provides quick access for medications during the procedure. We may be required to shave a small area (on up to four legs) for proper placement of the IV catheter. _____ (initial)
- We require IV fluids be administered during surgery for all anesthetic patients. This ensures proper hydration and maintains blood pressure surgery. _____ (initial)
- If vaccines are due for my pet, they will be administered upon admission to the Hospital. _____ (initial)

I am the owner or agent for the owner of the described pet and have the authority to execute this consent. I understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery or procedure. An interest charge of 1.5% per month will be applied to any unpaid balance after thirty (30) days. In the event this account is in default, I agree to pay all costs of collection, including court costs and attorney fees, whether suit is filed or not. In the event that suit is filed, venue will be Duval County, Florida. Any medication(s), supplies or procedures not mentioned above will be at an additional charge. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthesia, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I understand there is always a potential risk with anesthesia, including death. **I have read and understand this authorization and consent.**

Signature of Owner or Agent: _____ **Date:** _____

Printed Name: _____