

As the owner, or agent for the owner, of the pet listed on this form, I authorize Parkdale Animal Hospital to perform the surgical and/or dental procedure(s) listed below.

I recognize the veterinary medicine is not an exact science and that during the course of any surgical/dental procedure and during the use of sedatives or anesthesia, unforeseen conditions and/or complications could arise. I authorize the staff of Parkdale Animal Hospital to use their professional judgment to perform any procedures they deem necessary, in the event of a complication, at my expense. I have been informed and understand the inherent risk associated with anesthesia, dentistry and surgery up to and including death. Conditions may be discovered during the course of any procedure that will require referral to a specialist and in some rare instances a referral may be needed to complete the procedure. I certify that no guarantees have been made as to the outcome.

I have been encouraged to discuss any risks and concerns I have before signing this form. I have been given sufficient details of the procedure and the recovery care/period that I have an understanding

By signing below, I certify that I have read and understand this authorization and accept responsibility for the charges associated with the procedure(s) listed below as were presented to me on a written treatment plan (or in the case of the pandemic an oral treatment plan). ** If I am paying with a coupon I understand I am responsible for 100% of the cost not covered by the coupon and if the coupon issuing organization fails to pay Parkdale Animal Hospital I will be held responsible for 100% of the remaining cost. All coupons must be presented on the day of the procedure and will NOT be accepted at any other time.

I release the doctors and staff of Parkdale Animal Hospital from any and all liability (except in the case of negligence) associated with said procedure(s) and treatments arising from complications from said procedure(s).

Photographs and/or videos of my pet may be taken and used in literature, on-line and/or for training. I will claim no ownership of or authority over these images. No identifying information will be included in these photos except, perhaps, my pet's name.

If my pet is housed overnight, it is the doctor's discretion if there will be staff in the hospital monitoring my pet. I understand that I always have the option to transfer my pet to a facility staffed twenty-four hours a day.

For neuters/castrations: Unless discussed beforehand, I understand **my pet will still have a scrotum**. I understand for all procedures my pet's surgical site and leg(s) - for an IV catheter - **will be shaved**.

For dental procedures only: we wish for your pet to keep all of his/her teeth for a lifetime and with proper care this is possible. However, in the event of trauma or disease, a tooth can be a source of pain and infection. I authorize the doctors and staff of Parkdale Animal Hospital to use their professional judgment to decide if my pet's teeth/gums/tongue are so diseased that oral surgery is needed and to do so. **Oral surgery may include tooth extraction, nerve blocks, gum resection, root planing and/or use of medication under the gumline. Possible complications from oral surgery may include broken teeth, broken jaw, infection - some of which can be serious and require referral to a specialist for correction.** I understand that if I wish to be contacted during the procedure and before any oral surgery is performed and I am not available when the doctor calls, my pet will be recovered from anesthesia and another procedure will be scheduled at my expense. In some cases, tooth extraction may lead to my pet's tongue sticking out at all times.

- I authorize medically necessary oral surgery without contacting me first (preferred)
 I request to be contacted before any oral surgery is performed and understand this may delay my pet's treatment.

- I authorize the **required** vaccines, parasite tests (fecal, heartworm), virus tests (Leukemia, AIDS) and/or treatments for such at my expense. If my pet has fleas and/or ticks he/she will be treated at my expense.

My pet last ate at ____ time.

Current medications:

Drug allergies:

Previous anesthetic/surgical complications:

Procedure:

- I prefer to be reached by: Text Message (in case of an urgent matter we'll call)
 E-Mail
 Phone

Client Signature: