

# MapleShade Animal Hospital Sedation and/or Surgical Authorization

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Weight: \_\_\_\_\_ #

Treatment or Procedure: \_\_\_\_\_

Additional Tests or Procedures Necessary: \_\_\_\_\_

As the owner or agent of the above described patient, I do consent and order the procedure(s) or operation(s) described on this form. I understand that during the performance of the said procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of foregoing services. I hereby authorize the performance of such services as are necessary and desirable in the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medication, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised regarding the nature of the procedures and risks involved and understand that results cannot be guaranteed. I have read and understand this authorization and consent.

**Current Vaccinations** -- Every patient has the right to be protected from infectious and contagious disease. Therefore all patients must have current vaccinations. If vaccines are not on record and proof of vaccination is not provided, your pet will be vaccinated and you will be charged. Dogs take at least 4 days to develop immunity following vaccination with an intranasal Bordetella vaccine, therefore, if your pet is vaccinated upon admission, we cannot guarantee he/she will be fully protected from this highly contagious infection while here.

**Required vaccinations for dogs: Rabies, Distemper, and Bordetella**  
**Required vaccinations for cats: Rabies and Distemper**

**Parasites** -- Every patient has the right to be free of external (fleas, ticks, and mites) and internal (worms) parasites. If your pet is infested, treatment will be prescribed as appropriate and you will be charged.

**Personal Items** -- Every patient has the right to clean comfortable housing. If you choose to leave personal items we will put them with your pet. However, as pets will sometimes soil on their bedding and/or destroy their toys during periods of stress, we cannot be held responsible for the condition of these items upon their return.

I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within 14 days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as deemed necessary. I understand that this does NOT release me from the bill. I understand that every reasonable precaution will be taken against injury, escape, or destruction of the pet that I place in your care, but you will not be held liable or responsible in any manner, on the account of their care, treatment, or safekeeping

I agree to pay for all services in full when my pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances. I understand the estimate given is an approximation and actual cost may be greater or less than this amount. This hospital may require a 50% deposit at the time of admitting -- we will provide a written estimate at this time if you so desire.

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

\_\_\_\_\_ Staff Initials