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Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name _____ Pet's Name _____

Anesthetic and medical or surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am _____ eighteen years of age or over (initial)** and authorize the veterinarians at this veterinary practice to perform the above procedure(s). I understand that some risks always exist with anesthesia 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 provide payment via cash, check or credit card at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has permission and I agree _____ OR does not have permission and I do not agree _____ (initial only 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 will not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) _____ **pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects OR b) _____ I will pick up my pet and I will transport my pet to a local emergency clinic** where overnight veterinary supervision is available at my expense **(initial only one)**.

I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

Signature of Owner or Authorized Agent (must be 18 years of age or older) _____
Date

(_____) _____ - _____ (_____) _____ - _____
Emergency phone numbers where owner/agent can be reached