



Riverview Animal Hospital  
102 Fairfield Ave  
Bellevue, KY, 41073  
859-912-7060  
info@riverviewpets.com

## Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

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

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I, the undersigned owner or agent of the owner of the pet identified above authorize the veterinarian(s) at Riverview Animal Hospital (RAH) 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 veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at RAH, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of 50% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, accepted credit cards, or check 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** \_\_\_\_\_ **DOES NOT HAVE** \_\_\_\_\_ (initial one) my permission to provide such treatment and I agree to pay for such services.

My pet did **not** have food or water after midnight last night: \_\_\_\_\_ (initial)

### **HOSPITALIZATION**

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 the facility is closed, I elect to:

Pick up my pet and provide such care in my home; or

Have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (check one.)

### **ADDITIONAL SUPPORT SERVICES**

- **Pre-Anesthetic Blood Testing** (\$108.91 for <7 years old; \$132.23 for >7 years old): The blood work checks the liver, kidney and blood sugar to screen for any disease prior to anesthesia. It also checks for anemia and the white blood cell count. This provides a baseline value and can indicate disease that may affect your pet under anesthesia. Strongly recommended for any pet 7 years old or older.

YES                       NO, I decline pre-anesthetic blood testing

- **Home Again Microchip** (\$58): This is recommended for all pets. Unfortunately many people lose their pets and this tiny chip placed under the skin in between the shoulder blades can help reunite you with them.

YES                       NO

- **Therapy Laser** (\$17): Laser therapy uses laser light to penetrate tissue to stimulate the body's natural healing process. It aids in reducing pain, inflammation and swelling.

YES                       NO

- **Therapeutic Diet** (\$10-20 Depending on weight of pet): Prescription diet designed to be easy on the GI tract after anesthesia. It is easily digestible and helps improve recovery.

YES                       NO

### **FLEA POLICY**

For the health and safety of our patients, pets with fleas will be treated in the clinic at the current rate.

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 give my consent to proceed as set forth herein.

Phone number(s) where I can be reached today: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date