



# PARKERSBURG VETERINARY HOSPITAL, INC.

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## **AUTHORIZATION FOR ANESTHESIA AND/OR SURGERY**

Client Name \_\_\_\_\_

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

Anesthesia and surgical procedure(s) to be performed \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned owner, or owner's agent, of the pet identified above certify that I am \_\_\_\_\_ am not \_\_\_\_\_ (check one) over 18 years of age and hereby authorize the doctor(s) at Parkersburg Veterinary Hospital to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists 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 alternatives
- Explanations about what the planned procedure(s) entail
- The degree of recovery I should expect
- The most common and serious complications
- The length, type, extent, and costs of follow-up care required
- An estimate of the fees for all services, and
- Any arrangements for payment that may be needed.

While I accept that all procedures will be done to the best of the abilities of the staff at Parkersburg Veterinary Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Should some unexpected life-saving emergency care be required and the hospital staff be unable to reach me, the Parkersburg Veterinary Hospital has my permission to provide such treatment and I agree to pay for such service. I agree to pay a deposit of \_\_\_\_\_ % of the estimated fees and assume financial responsibility for the balance of all services on a cash, credit card or check basis at the time my pet is discharged from the hospital.

I have read and fully understand the terms and conditions set forth above.

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

Date \_\_\_\_\_

Signature of Parent or Legal Guardian

if Owner/Agent is less than 18 years of age \_\_\_\_\_

Date \_\_\_\_\_

Phone number(s) at which Owner can be reached today and tomorrow. \_\_\_\_\_  
\_\_\_\_\_