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AUTHORIZATION & CONSENT FOR HOSPITALIZATION/SURGERY

Owner's Name: _____ Pet's Name _____

PLEASE READ THIS FORM IN FULL AND INITIAL WHERE HIGHLIGHTED

I verify that I am the owner/agent of the above described animal and have the right to execute this consent and authorization of the following procedure(s) /care:

I understand that during the performance of the above described procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or different procedures. I hereby give my consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement. I am also aware my animal may need to be shaved for certain procedures.

I have been advised of the nature of the services and procedures described above, as well as the risk(s) involved, and I also am aware that results cannot be guaranteed.

I additionally authorize the use of the appropriate anesthetics and other medications deemed necessary by the veterinarian, and understand that hospital staff will be utilized as deemed necessary by the veterinarian.

I understand that if my pet needs oral surgery (i.e. teeth extracted) the veterinarian will do what is medically necessary for the oral health of the patient

We offer laser therapy to stimulate healing and reduce pain after procedures:

I would like my pet to receive laser therapy after the dental or surgical procedure, \$30.00

I would like my pet implanted with a microchip while under anesthesia, \$75.00

I understand that payment is due at time of service, and I agree to make payment in full today. I understand that a late fee of \$15 will apply if my pet is picked up after closing time (5:30pm M-F and 2pm on Saturday).

I have read and understood this authorization and consent.

Phone number(s) I can be reached at today: _____

Who will be picking up the patient today? _____

Phone number of person picking up (if different than above): _____

Printed name: _____

Signature of owner/agent

Date