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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 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 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 one).

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

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Phone number(s) for today**

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

\_\_\_\_\_  
 Date