

THE ANIMAL HOSPITAL OF FT. LAUDERDALE

Consent to operation, administration of anesthetics, retention or disposal of tissue, and the rendering of other medical services

DATE _____

OWNER _____

PATIENT _____

1. I hereby authorize and direct Dr. Cindi Bossart, Dr. Stephanie Jones, Dr. Samanthe Lyons, Dr. Marilyn Moles-Carlisle, Dr. Kim Schneider and/or any doctor employed by the Animal Hospital of Ft. Lauderdale, my veterinarian, or the veterinarian of her/their choice, to perform the following procedure(s) upon the patient names above:

and/or to do any other therapeutic procedure that her/their judgment may dictate to be advisable for the patient's well being. The nature of the procedure, as well as its risks and alternatives, have been fully explained to me and I understand that no warranty or guarantee has been made as to the result or cure, either expressly or impliedly.

2. I hereby authorize and direct the above named veterinarians and /or their assistants to provide such additional services for the patient as she/they may deem reasonable and necessary, including but not limited to, the administration of anesthesia, the performance of services involving pathology, radiology, laboratory and/or diagnostic testing, and I hereby consent thereto.

3. If such pathology services are deemed necessary, I hereby authorize said pathologist to examine, retain for scientific purposes or dispose of all such tissue, as shall be removed by procedure, operation, or biopsy performed upon the patient.

The doctors recommend bloodwork be done on all patients requiring anesthesia or surgery in an effort to provide the best possible medical care:

**Pre-anesthetic Bloodwork - \$75.00
Outside Lab (in advance)**

Already completed

Apply fee credit (Spay, Neuter, Dentals)

**Pre-anesthetic bloodwork - \$85.00
In-House (day of procedure)**

Do bloodwork today

The doctors may recommend additional pre-anesthetic testing if patient is over 10 years old, or if the patient's medical condition prior to anesthesia or surgery warrants additional testing.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED

Signature of Owner/Legal Representative

phone _____

Best time to be reached _____