



Anasazi Animal Clinic, Inc.
425 W. Guadalupe Rd., Suite 112
Gilbert, AZ 85233
480.497.0505 * AnasaziVet.com

Debra A. Nossaman, DVM
Gloriana L. Halterman, DVM and Laura J. Diltz, DVM
Lisa Elliott, CVT * Polaris Nevares, CVT

Authorization for Anesthesia and/or Surgery

Client's Name: _____

Pet's Name: _____

Anesthetic and surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am _____ I am not _____** (check one) eighteen years of age or over and authorize the veterinarian(s) at Anasazi Animal Clinic, Inc. 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 this hospital, I understand 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, credit card, 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 _____** (check one) my permission to provide such treatment and I agree to pay for such services.

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

 Signature of Owner or Agent

<date>
 Date

 Signature of Parent or Legal Guardian
 (if owner/agent less than 18 years of age)

 Date

Home phone: _____

Cell ph: _____

Work Ph: _____

* Phone number(s) at which owner or agent can be reached today and/or tomorrow

“Your Healthcare Partner”



Brief History

	YES	NO
Does your pet have any history of trauma?		
Does your pet have any history of illness?		
Is your pet allergic to any medications?		
Is your pet currently taking any medications?		
Have you noticed a change in your pet's appetite/activity level		

Please explain any "YES" answer(s) to the above questions: _____

Signature of Owner or Agent

Date





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Consent Form for Treatment and/or Admission

Pet's Name: _____ Species: _____ Sex: _____

I, the undersigned owner, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am** _____ **I am not** _____ (check one) eighteen years of age or over. I consent to the examination of this pet by staff veterinarians at Anasazi Animal Clinic, Inc. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. 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 is initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that an estimate of the fees for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If this pet is hospitalized, I agree to pay a deposit of **50 %** of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event the pet is hospitalized

Have you talked with your doctor about:

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

for more than 48 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

I understand that Anasazi Animal Clinic, Inc. does not have trained personnel on premises for 24-hour observation of my pet

I agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within five days of receiving written or oral notification that this pet is ready to be released from the hospital. Such notice will be given at the address maintained on the

hospital's patient/client record. I agree that if I fail to comply with this policy, the hospital may handle this abandonment in a manner that is in the best interests of the pet and the hospital.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner/agent is less than 18 years of age)

Date

“Your Healthcare Partner”

