

**Merrimac Valley Animal Hospital
Authorization for Professional Services**

Number you can be reached at today:

Pet's name:	Owners name:

Your pet is scheduled for the following services:

anesthesia_____, vaccinations_____, dental prophylaxis +/- extractions_____,
radiographs _____, surgery (what kind)_____,
other_____.

I understand there are risks involved with any *anesthetic* procedure. Complications are rare but can include cardiac arrest, respiratory arrest, blindness, brain damage, seizures, hyperthermia, hypotension, cardiac arrhythmias, death and others. Risks of *surgery* include, but are not limited to, infection, hemorrhage, death, seroma formation and dehiscence. In the unlikely event any of the above or other complication were to occur all appropriate emergency rescue procedures will be attempted. Other risks of my pet's procedure include_____.

The nature of the above service(s) has (have) been described to me to my satisfaction and while I expect all procedures to be done to the best abilities of the health care team I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I authorize MVAH to provide veterinary services as required.

Signature:_____ **Date:**_____

Return this form to the office the day of procedure

Staff use only:

- Did they eat? _____
- Any questions? _____
- Anything else we can do? _____
- Discharge time: _____