

Animalcare Veterinary Clinic

4 Goodwood Terrace
Kingston 10, Jamaica



Phone: 876-969-1356
Appointments Preferred

TREATMENT AUTHORIZATION FORM

Thank you for giving us the opportunity to care for your pet. Please read and complete this form at the time your pet is admitted for any surgical procedure or for any other treatment that requires anaesthesia.

OWNER: _____ DATE: _____

ADDRESS: _____

PET'S NAME: _____ AGE: _____

Your contact phone number(s) for today: HOME: _____ CELL: _____

PROCEDURE TO BE PERFORMED TODAY: _____

YES/NO (Please tick)

Did your pet eat this morning?

Is your pet allergic to any drugs?

Has your pet had any illness or injury in the past 30 days?

Does your pet have any history of seizures and/or previous anaesthetic problems?

Current medications _____

PRE-SURGICAL BLOOD SCREEN CONSENT/WAIVER

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before anaesthetizing your pet. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening. For this reason, we highly recommend pre-operative screening before sedating your pet. Please initial the appropriate options below: (pre-surgical blood screen required on all pets eight years of age or older).

I DO I DO NOT authorize the recommended Pre-surgical Blood Screen at a cost of \$_____.
I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

OWNER RELEASE

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand all sedation/anaesthesia involves some minimal risk to my pet, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

Signature of Client/Agent

Date