

**Beverly Hills Veterinary Associates, Inc.**  
**Authorization for Hospitalization, Surgery, or Anesthesia**

Client's Name \_\_\_\_\_  
Pet's Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Species \_\_\_\_\_  
Sex \_\_\_\_\_  
Age \_\_\_\_\_

Comments:

As owner (or agent for the owner) of the pet described above, I authorize Beverly Hills Veterinary Associates to perform any diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well-being. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. If my animal should injure itself, escape, fail to eat, become ill or die, I won't hold Beverly Hills Veterinary Associates and its employees responsible. I expect the hospital to use reasonable precautions to ensure my pet's safety, and **I agree to pay in full when my pet is discharged.**

I give my consent to Beverly Hills Veterinary Associates to perform the following procedures, including preanesthetic bloodwork and pre & post op pain control where necessary:

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Number(s) where I may be reached during my pet's stay in the hospital \_\_\_\_\_

**Pre-anesthetic testing release**

Advances in anesthesia and surgery have made routine procedures safer. Problems can arise, however, due to pre-existing conditions not evident during physical exams. To avoid this, we recommend pre-anesthetic bloodwork for all patients to evaluate organ function and the ability to process anesthetic.

For pets seven years of age and older, we **will** perform a complete chemistry panel and a complete blood count and **will** administer intravenous fluid support unless declined below.

**IF DECLINING PRE-ANESTHETIC SCREENING SIGN BELOW.**

I understand that these diagnostics may be necessary to detect conditions in my pet which cause additional risk during anesthesia but do not wish them performed for my pet.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Post-operative pain control**

Options for pain control that are available to us today greatly improve both comfort and healing during the post-operative recovery period. Pain management ranges from in-hospital injections and/or oral medications, to morphine drips and transdermal narcotic patches for major abdominal and orthopedic procedures.

**IF DECLINING POST-OPERATIVE PAIN CONTROL SIGN BELOW.**

I understand that post-operative pain control is available for my pet but do not wish to have it provided.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Microchip Identification Implantation**

Yes \_\_\_\_\_ No \_\_\_\_\_

## Additional services

Please check additional services you would like performed while your pet is in the hospital.

- Clean teeth (request estimate)
- Express anal glands
- Implant identification microchip
- Remove growths (request estimate)
- Trim Nails
- Pluck, flush and/or medicate ears
- Immunizations (specify) \_\_\_\_\_
- Fecal check
- Urinalysis
- Blood pressure check
- X-ray : Chest \_\_\_ Abdomen \_\_\_ Spine \_\_\_ Hips \_\_\_ Leg (specify) \_\_\_ (Request estimate)
- Additional request \_\_\_\_\_

## Medications or supplies

Please check the following products needed:

- Heartworm preventative : Type \_\_\_\_\_ 6 months \_\_\_ 12 months \_\_\_
- Flea preventative: Type \_\_\_\_\_ Number of months \_\_\_\_\_
- Ear medication
- Arthritis medication: Type \_\_\_\_\_
- Vitamins: Type \_\_\_\_\_
- Medicated shampoo
- Thyroid medication
- Prescription diet food: Type \_\_\_\_\_
- Dental home care products
- Other medications (please specify) \_\_\_\_\_