

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

Your name: _____

Number you can be reached at today: _____

(Your pet's name) _____ is scheduled on
(date) _____ for the following services:

Anesthesia:	Vaccinations:	Radiographs:
Dental Prophy:	+/- Extractions:	Surgery:
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. Risk of surgery include, but are not limited to, infection, hemorrhage, seroma formation, dehiscence (opening of a surgical incision), and death. Risks of vaccines include mild to moderate pain and/or swelling in the area of the injection, mild to moderate fever, vomiting, diarrhea, tumors at the site of injection and rarely anaphylactic reactions. In the unlikely event any of the above or any other complications were to occur all appropriate emergency rescue procedures will be attempted. Other risks of this (these) procedure(s) include: _____.

The nature of the above service(s) have been described to me to my satisfaction and while I expect all the 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:** _____

You may print, sign, and bring this form to the office the day of procedure or sign electronically, attach to an email and send back to vetinfo@merrimacvalley.com

Staff use only:

Last ate: _____ Medications given: _____

Any questions?: _____

Anything additional? (HomeAgain) _____

Discharge time: _____