



11549 N. Kendall Drive
Miami, FL 33176
(305) 598-1425 office
www.pouvetgroup.com

Authorization for Medical and/or Surgical Treatment Anesthesia Consent Form

Owner Name: _____ Pet Name _____
Procedure: _____

I hereby authorize and direct the veterinarians of Pou Veterinary Group, Inc., to perform the above listed procedure(s) and/or treatment(s) as deemed advisable or necessary for my pet. The nature of the procedure(s) and/or treatment(s) has been explained to me. No guarantee has been made as to the results or cure, and hereby hold harmless the Hospital, Doctor(s) and staff at Pou Veterinary Group, from any and all liability resulting from the care, treatment, surgery, or safekeeping of the above mentioned animal.

1. I have been informed and understand that there are risks involved in these procedure(s) and/or treatment(s). Potential risks are: infection, tissue not healing, pain, drug reactions, digestive problems, and possibly death. The doctors and staff at PVG will do everything in their power to minimize the risks (i.e. physical exam, lab work, ECG, radiographs, etc.). I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures, tests, and/or radiographs.
_____ initial
2. I have received a written estimate of the costs involved, and understand that it is ONLY an estimate. If further treatment or surgery becomes necessary, the cost will change.
_____ initial
3. I agree to pay the full amount for the services rendered prior to treatment. I understand that there may be an additional balance due when the pet is released. Furthermore, I understand that my pet will not be released from the hospital until all services are paid in full.
_____ initial
4. All animals entering the hospital must have proof of current vaccinations, and be free of external & internal parasites. I understand that if my pet is not in compliance, I will be held responsible for the additional fee.
_____ initial
5. I understand that my pet will be given an IV catheter to administer fluids during surgery and/or treatment. I understand that the IV fluids will provide support to the heart, lungs, and kidneys during anesthesia. I also understand that the IV catheter will provide access to administer life-saving drugs, in case of emergency.
_____ initial
6. I understand that pre-anesthetic testing is required BEFORE any surgery and/or treatment. I understand that this is deemed necessary in order to determine if my pet is healthy enough to go under anesthesia. I understand that this test will tell if the organs are working properly, and whether the kidneys and liver are fit enough to remove the anesthesia from the body.
_____ initial
7. In the event that my pet is hospitalized beyond the first day at the facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the veterinarian on call. If I desire, that my pet have supervision when this facility is closed, I elect to a) _____ pick up my pet and provide care in my home, in which case I accept all risks of adverse effects, or b) _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense.
_____ initial

Owner Signature

Emergency Phone Number