

**ROCKLIN ROAD ANIMAL HOSPITAL  
AUTHORIZATION FOR MEDICAL AND/OR SURGICAL THERAPY**

I hereby authorize the doctor(s) at Rocklin Road Animal Hospital to administer medical treatment and/or surgical procedures as deemed necessary and such additional procedures as are considered therapeutically and/or diagnostically necessary on the basis of findings during the course of evaluation. I also consent to the administration of such anesthetics as are necessary.

I hereby certify that I have read and fully understand the above Authorization for Medical and/or Surgical Therapy, the reasons why treatment is considered necessary, its advantages and possible complication, if any, as well as possible alternative modes of treatment, which were explained to me by the Veterinarian. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Further I assume financial responsibility for all charges incurred to patient, consent to release of medical information and authorize direct payment to the Rocklin Road Animal Hospital.

NAME OF PET: \_\_\_\_\_

- Did your animal eat today? If yes, how much and at what time? \_\_\_\_\_

-Did you give your animal any medications today? If yes, what kind and dosage?  
\_\_\_\_\_

-When did you plan to pick up your animal? \_\_\_\_\_

-Please list phone numbers and times of day you can be reached: \_\_\_\_\_  
\_\_\_\_\_

-Did you receive an estimate yet?: \_\_\_\_yes \_\_\_\_no

-What is your understanding of what the total bill will be? \_\_\_\_\_

-Primary procedure/exam desired today is: \_\_\_\_\_

-Although pain medication is given to all patients having surgical procedures we can offer additional prolonged pain relief if needed (for an additional fee).

\_\_\_\_I would like to talk with the Doctor and discuss cost.

\_\_\_\_I am not interested

-With some anesthetic procedures we don't require an intravenous catheter and fluids. Even if not required, we still recommend it to provide the safest surgical protocol. If you are interested, please mark the "yes".

\_\_\_\_yes \_\_\_\_no

-Were there any other procedures you would like performed today? (ie: nail trim, vaccinations, etc.)  
\_\_\_\_\_

Signature  
\_\_\_\_\_