

Heartworm Testing

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT: As the owner or responsible party for the above patient, I authorize Mohnacky Animal Hospitals, Inc. to examine my pet and administer treatment, including medical procedures, administration of anesthesia, surgical procedures and diagnostic tests that in their judgment are consider reasonable and necessary. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure. I assume full financial responsibility for all charges incurred and will pay in full for these services upon release of the patient. I have read and understand the above authorization for care and financial responsibility.

I understand that some pets require sedation/general anesthesia for adequate physical examination, treatment, or surgery. By signing below, I understand that there is risk involved when an animal is sedated.

_____ Name	_____ Date
_____ Employee 9/20	_____ Date

Cardiopulmonary Resuscitation Statement (Please Initial):

() DO NOT RESUSCIATATE: In the event my pet’s heart and/or breathing stop, I request no person shall attempt to resuscitate my pet.

() BASIC CARDIOPULMONARY RESUSCITATION:
I request the doctor(s) and staff attempt to resuscitate my pet through utilization of artificial respiration and/or heart compression, as well as administration of various emergency medications and/or fluids as deemed necessary and/or appropriate by the attending veterinarian. I understand that there is no guarantee in the success of these efforts and that my pet may die despite CPR.

I have read and understand the nature of the above procedures and give my consent to proceed.

Signature of Owner or Authorized Agent

Date