



GENERAL ANESTHETIC RELEASE

I, the undersigned owner or agent of the pet identified above, certify that I am _____, I am not _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at Mohnacky Animal Hospitals, Inc. to perform the procedure(s) explained to me. I understand that risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about risks with the attending veterinarian before the procedure is initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction. Some questions that I may have may include but are not limited to-

- Reasonable medical and/or surgical treatment options for my pet
- Sufficient details of procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- While Mohnacky Animal Hospital doctors and staff make every effort to mitigate serious complications and keep your pet safe, I understand more serious complications exist, including death.
- Length & type of follow up home care, home restraint required
- The estimate of all fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best abilities of the staff of Mohnacky Animal Hospitals, Inc., I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. In the event that unexpected life-saving emergency care be required and the hospital is unable to contact me, Mohnacky Animal Hospitals, Inc. will provide such treatment and I agree to pay for such services unless otherwise specified in this agreement.

Veterinary service during nighttime hours and / or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. I have read and fully understand the terms and conditions as stated above.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

I agree to assume financial responsibility for fees and will provide payment at the time my pet is discharged from the hospital.

CPR 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

I understand that I may request text messages/photos of my pet for medical updates.

I give Mohnacky Animal Hospitals, Inc. permission to text/photograph and send me updates Cell #: _____

I do not wish medical updates regarding my pet via text messaging at this time.

By initialing below you grant Mohnacky Animal Hospitals, Inc., its legal representatives and assigns, those for whom MAH or its employees are acting, and those acting with MAH's authority and permission the right and permission to take, use, reuse, publish, and republish pictures or videos of you, your family, and the animal you bring to MAH for care. We may feature you and your pet's picture or video on our websites, Facebook page, Twitter, Pinterest, or in other related Internet, print, or other services MAH and its affiliates use to communicate with others, as well as edit the photos as needed to make them work in the media in which we will be using them. You release, discharge, and agree to hold harmless MAH, its legal representatives or assigns, and all persons acting under its permission or authority from any liability by virtue of any reason in connection with the making and use of such photographs.

I approve Photo/Video release I decline Photo/Video release

<first-name> <last-name> _____
Signature of Owner or Authorized Agent

Date of Birth

<date><number>

Contact Telephone Number(s)