Mokena Animal Clinic, LTD
9455 W. 191st Street
Mokena, IL 60448
(708) 479-2811
www.mokenaanimalclinic.com

EXOTICS / AVIAN / REPTILES / POCKET PET SURGERY and HOSPITAL ADMISSION FORM

Anesthesia and Surgical Procedure(s) to be performed_____

- I am the owner or agent for the owner of the above animal.
  I am 18 years or older and authorize the veterinarians at Mokena Animal Clinic to perform the above procedure(s).
- I have been advised as to the nature of the procedure(s) and the risks involved.
  I understand that some risk always exists with anesthesia and or surgery and that I am encouraged to discuss any concerns I have about this risks with the attending doctor before the procedure(s).
- I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.
  I realize that death may occur with anesthesia.
- While I accept that all procedures will be performed to the best of the abilities of the staff, I certify that no guarantee or warrant has been made regarding the results that may be achieved.
- A PRE-ANESTHETIC BLOOD PROFILE IS **RECOMMENDED** if size and species permit.
  - (Rabbits, Ferrets, Guinea Pigs, Med/Large Birds, Reptiles)

  This will help maximize patient safety. These are similar to those your own physician would run on you.

_____YES initial	I want blood work performed.	____AVIAN	$ 79.00
		____MAMMALIAN	$ 111.00
		____REPTILIAN	$ 152.00

_____NO I do not want the blood work performed.
initial

Should unexpected life-saving emergency care be required, we will give treatment and do everything possible to save the life of your pet and we will contact you at your emergency number you have provided us.

- In the event you cannot be reached, Mokena Animal Clinic will continue treatment.
- If any additional costs are incurred for this treatment they will be your responsibility.

I AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY OF ALL FEES, AND WILL PROVIDE PAYMENT VIA CASH, DEBIT CARD, CREDIT CARD, OR CHECK IN FULL UPON THE RELEASE OF MY PET FROM THE HOSPITAL.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT.

SIGNATURE:_____ DATE:_____

PHONE NUMBER FOR TODAY:_____

WITNESS:_____