



Authorization For and Consent to Anesthesia and Surgery or Diagnostic / Therapeutic Procedures

OWNER : _____ PATIENT : _____

I hereby authorize the following **procedure(s)** to be performed by the admitting veterinarian, or designated associates and assistants _____

**All patients undergoing general anesthesia require the placement of an intravenous (IV) catheter. There will be a small amount of hair shaved in that area.*

Our hospital recommends the following options to minimize the risk to your pet while undergoing a general anesthetic :

Selected **laboratory tests** can help to assess your pet's ability to safely undergo anesthesia and identify certain potential problems that increase the risk of anesthetic. Our hospital laboratory is fully equipped to perform these blood tests and have the results available before anesthesia.

- YES** I want to have an optional pre-anesthetic blood screen performed **\$79.95**
- NO** I do not want to have a pre-anesthetic blood screen performed.

Additionally, **administration of intravenous fluids** assists in the maintenance of blood pressure during the procedure and speeds up your pet's recovery from anesthetic.

- YES** Administer IV fluids **\$63.30**
- NO** Do not administer IV fluids

If complications occur and/or unforeseen additional work is required I can be reached at the following

number(s): **(H)** : _____ **(C)** : _____ **(W)** : _____

If the hospital staff calls and **cannot** reach me by phone, please do the following:

- I consent** to additional procedures being done to avoid a second anesthetic.
- Do not** perform any elective procedure that has not been discussed previously.

I understand the above anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (1) you have read and agreed to the above, (2) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (3) you have had the chance to ask questions, and (4) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

SIGNATURE : _____ DATE : _____