

ANESTHESIA/SURGERY AUTHORIZATION FORM

Owner's Name: _____ Pet's Name: _____

Species: _____ Breed: _____ Sex: _____

Color and Markings: _____ Age: _____

Phone #'s where we can reach you today: _____

Because we care about your pet, we recommend that ALL patients who are undergoing surgery or prolonged anesthesia have a pre-anesthetic blood profile and a catheter placed for intravenous fluids administration during the procedure.

PRE-ANESTHETIC BLOOD PROFILE: This profile evaluates kidney function (BUN), liver function (ALT/SGPT), blood sugar (GLUCOSE), anemia (PCV), serum protein, and blood clotting capacity.

I Accept the blood profile I DECLINE the profile Doctor's Discretion

INTRAVENOUS FLUIDS: This involves placing an IV catheter and administering IV fluids. Fluid therapy helps maintain normal blood pressures which is beneficial for cardiovascular and kidney function.

I Accept IV fluids I DECLINE IV fluids Doctor's Discretion

AUTHORIZED PROCEDURES:

1) Tests: Fecal HW FeLV FIV X-Ray of

Other Tests:

2) Sedation &/or Anesthesia: YES / NO

3) Surgical Procedure(s):

I am the owner (or agent of the owner) of this pet. I understand that you will use all reasonable precautions to assure the safety of this pet while in your care. I approve the use of whatever treatment deemed advisable for the well being of this pet, and in case of emergency, I authorize the veterinarian(s) and their staff to provide services as deemed necessary for the well being of this pet.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION FORM. I AUTHORIZE AND REQUEST THE PROCEDURES SPECIFIED ON THIS FORM AND WILL ASSUME RESPONSIBILITY FOR CHARGES INCURRED IN THE TESTING AND TREATMENT OF THIS PET.

Date: _____

Signature: _____