



www.PineAnimalHospital.com

ANESTHESIA & PROCEDURE AUTHORIZATION FORM

To be filled out by the owner prior to any procedure requiring anesthesia at Pine Animal Hospital.

First Name: _____ Last Name: _____

Pets Name: _____

Contact Phone Number where you can be contacted immediately on day of surgery: _____

At Pine Animal Hospital we are dedicated to offering the highest quality medicine. Since **no surgery is without risk**, we recommend pre-anesthetic bloodwork before and intravenous fluids during any procedure requiring sedation or anesthesia.

When was the last time the above pet ate food or treats? _____

When was the last time the above pet drank water? _____

What medication(s) are the above pet taking, and when were they last give? _____

PRE-ANESTHETIC BLOODWORK & INTRAVENOUS FLUIDS:

***PLEASE NOTE: Bloodwork is required for any dog over 7 years-old, and any cat over 10 years-old. Intravenous catheter and fluids is required for most procedures.**

I understand that my pet is scheduled for a procedure that requires anesthesia. I realize that any anesthetic procedure involves certain risks. To better evaluate my pet's ability to undergo anesthesia, certain laboratory tests may be useful in determining potentials risk factors that could endanger my pet. I understand that pre-anesthetic bloodwork does not guarantee the absence of complications. It may, however, reduce the risk of anesthesia or require changes in the anesthetic protocol by identifying certain conditions (such as diabetes, liver or kidney disease, etc.) prior to undertaking the procedure.

Accept Decline I authorize the recommended pre-anesthetic bloodwork.

I understand that anesthesia has the potential risk of causing a drop in blood pressure. In order to minimize the risk, intravenous fluids are given during surgery to help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop.

Accept Decline I authorize the recommended intravenous catheter and fluids.

ANESTHESIA AUTHORIZATION:

I certify that I have notified the doctor of any pre-existing conditions, such as seizures, allergic reactions, previous anesthetic complications or other past medical or surgical problems. I hereby authorize and direct the veterinarians of Pine Animal Hospital to administer anesthesia to my pet for the diagnostic, therapeutic, surgical, dental, or grooming procedures as are, in their opinion necessary and advisable for the health and well-being of my pet. This procedure has been explained to me and I understand that administering anesthesia is not without inherent risk to my pet.

Accept Decline

PROCEDURE AUTHORIZATION:

I authorize the following procedure(s) to be performed on my pet today (please **check** all that apply):

- EXAMINATION: If applicable, please specify what is to be examined (i.e. rash, growth, etc)_____
- GENERAL SURGERY / WOUND CARE (specify, if possible): _____
- FEMALE - SPAY (and extractions of any remaining baby teeth as appropriate)
*I acknowledge that there will be an additional fee per extraction.
- MALE - NEUTER (and extractions of any remaining baby teeth as appropriate)
*I acknowledge that there will be an additional fee per extraction.
- DENTAL CLEANING (and any necessary tooth extractions)
*I acknowledge that there will be an additional fee per extraction.
- GROWTH REMOVAL Please indicate the location(s): _____

ELECTIVE PROCEDURE AUTHORIZATION:

While under anesthesia, I would like the following additional elective procedures performed:

- ANAL GLAND EXPRESSION
- NAIL TRIM
- EAR CLEANING
- OTHER NEEDS OR ISSUES TO ADDRESS:_____
- HOMEAGAIN MICROCHIP IMPLANTATION
- FELV/FIV TEST
- HEARTWORM TEST

****Please make sure that all procedures with corresponding prices are included and authorized on the estimate***

STATEMENT OF OWNERSHIP:

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to the above procedure(s).

Signature:_____ Date:_____

NON-OWNER DROP-OFF OR PICK-UP AUTHORIZATION:

I authorize the following person to drop-off or pick-up the pet stated on page 1 of this form. I understand that all charges must be settled prior to discharge of my pet to the person stated here.

First Name:_____ Last Name:_____

CONSENT:

I have had the reasons for anesthesia and/or surgical/dental procedure explained to me and I am satisfied with plan of management. I have also had the likely fees explained to me and accept responsibility for payment of the necessary deposit prior to the procedure, and the total fees at the time of discharge.

Signature:_____ Date:_____

