

**Pre-Anesthetic / Surgical Procedure
Authorization Form**

File #:

(internal use)

Client Name:

(print)

last

first

Date:

Patient Name: _____

I hereby authorize the doctors and staff of this Veterinary Hospital to administer a general anesthetic to my pet and perform the following procedure:

There is always risk associated with anesthesia; we therefore screen all patients for underlying disease in order to reduce this risk as much as possible. These tests are run in our hospital before anesthesia, and may reveal problems that are not apparent on physical examination.

We may run the following tests on your pet before administering an anesthetic:

Complete Blood Count: packed cell volume to screen for anemia or reduction in oxygen carrying red blood cells
white blood cell count to reveal infection or bone marrow (immune) suppression
platelet count to check for bleeding or clotting problems

Blood Chemistries: normal kidney and liver function is vital to metabolize and excrete anesthetic drugs
blood glucose can determine if a patient has diabetes which can complicate anesthesia

Urinalysis: urine tests for kidney dysfunction, infection, or hematuria (blood)

Understanding that it will increase the risk of anesthesia and may delay recovery time to do so, initial here if you wish to **decline** preanesthetic lab work:

_____ I **decline** all pre-anesthetic / pre-surgical screening

The doctor and staff are concerned about the care and comfort of your pet. If the procedure your pet will undergo today is considered to be painful, your pet will receive pain management medications beforehand and for a few days afterward. We believe pain relief is a very important factor in healing and recovery time, which is why we specialize in Pain-Free procedures.

Understanding that it may increase the risk of anesthesia and will delay recovery time to do so, initial here if you wish to **decline** pain management therapies:

_____ I **decline** all optional pain management therapies

I understand that there is risk associated with anesthesia and hereby authorize the staff to perform any anesthetic protocol deemed necessary by the veterinarian.

I understand that during this procedure unforeseen or emergency conditions may be revealed that necessitate an extension of the procedure. Should such an event arise, the staff will make reasonable effort to contact me or my designated representative before, if time permits, continuing the procedure. I will be responsible for additional fees incurred should such an event arise.

In case of emergency, I can be contacted at the following number: _____

Or, my designated representative is: _____

Phone #: _____

Signature: _____

Date: _____