



Authorization/Consent to anesthesia/sedation and procedure(s)

Patient: _____ Owner: _____

Procedure: _____ Today's #(s): _____

I hereby certify that I am the owner/agent of the above animal and have the authority to execute this consent. I further understand that during the performance of the foregoing procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s). Therefore, I hereby consent to and authorize the performance of such procedure(s) that are necessary and desirable in the exercise of the veterinarian's professional judgment. I have also been advised as to the nature of the procedure(s) and the associated risks involved. I understand that results cannot be guaranteed.

Pre-anesthesia bloodwork safety measures

There are certain risks involved with any anesthesia or surgical procedure. Many conditions may not be detected upon routine examination such as disorders of the liver, kidneys, and blood. Laboratory testing can reveal unforeseen conditions and allow proper measures to be taken prior to any such procedure. The additional cost for this important test is \$45.

____ Please perform pre-anesthetic testing safety measures on my pet.

____ I decline these safety measures.

Intravenous (IV) catheter and fluid therapy safety measures

We also recommend that all pets anesthetized have an intravenous (IV) catheter in place and fluids administered. We utilize IV catheters and fluid therapy to increase circulation, maintain blood pressure, and prevent dehydration while providing direct venous access for medications in any unforeseen circumstances. The additional cost for this important treatment is \$35.

____ Please place a catheter and administer fluids during my pet's procedure.

____ I decline these safety measures.

To encourage these important safety measures a discount is offered if both pre-anesthesia bloodwork and IV catheter/fluid therapy is approved (\$75).

Any additional services needed while your pet is with us? _____

On occasion, we find unexpected abnormalities while your pet is under anesthesia. If we cannot reach you to discuss treatment options please indicate your preference below.

____ Please perform anything deemed necessary by the veterinarian.

____ I decline any additional treatments at this time.

I have read and understand this authorization/consent form

Signed: _____ Date: _____