

AUTHORIZATION For ANESTHESIA or SURGERY

Pet's Name: _____

Owner's Name: _____

I hereby authorize the doctors to perform the following procedure(s):



During your pet's stay we want to make sure that we attend to all of it's needs and yours.

Please read the following information, check the appropriate boxes and sign.

ROUTINE PROCEDURE INCLUDES:

Safety evaluation exam by the doctor

Blood test before the anesthesia to evaluate the function of the internal organs. This helps reveal "hidden" problems not detectable on the physical exam.

Intravenous catheter and fluid therapy as needed. Also routine for people, this catheter can assist the doctor in case of any unforeseen emergency and can also help speed your pet's recovery from the anesthesia.

Safe, gas anesthesia with oxygen

Vital signs closely watched by a trained animal nurse with the aid of heart & blood oxygen monitors

Pain control injection as needed for comfort

ELECTIVE OPTIONS:

Since your pet is having anesthesia, now is the time to decide if there is anything else that your pet needs. If performed at the same time it is easier (less discomfort) for your pet and can save you time and/or money.

Identification Microchip . . Yes No

Clean Ears Yes No

Clean Teeth Yes No

Lump Removal Yes No

Trim Nails Yes No

Empty Anal Glands Yes No



SIGNATURE

DATE

