

# Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Anesthetic and medical or surgical procedure(s) to be performed: \_\_\_\_\_

The most serious or common complications include: \_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** \_\_\_\_\_ **I am not** \_\_\_\_\_ (check one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the above mentioned procedure has been answered to my satisfaction.

Advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a lower rates of complications. Physical exams are performed, nevertheless, some conditions can be detected only by diagnostic testing therefore we recommend pre-anesthetic blood testing

For pets less than 7 years of age \$75.59 & For pets 7 years of age and over \$92.50

Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

Laser therapy to improve healing \$11.00 Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

Elizabethan Collar \$9 to \$13 Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for any fees incurred, and provide payment via cash, credit card, Care Credit or check at the time my pet is discharged from the hospital. I understand that anesthetic complications can occur and the attending veterinarian will take reasonable measures to correct these complications. If extraordinary measures are needed and the hospital staff is unable to reach me, the staff **has** \_\_\_\_\_ **does not have** \_\_\_\_\_ (initial one) my permission to provide such extraordinary treatment and I agree to pay for such services.

IV Catheter \$25.00 Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

IV Catheter & Fluids \$45.00 Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

My pet was last fed at \_\_\_\_\_ a.m./ p.m. today/yesterday

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Phone number(s) for today**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

(Continued on next page)

## Additional Services

Additional services to be performed during stay at Providence veterinary care.  
Please initial by services you wish to be performed.

\_\_\_\_\_ Vaccinations

\_\_\_\_\_ Intestinal Parasite Test

\_\_\_\_\_ Express Anal Glands

\_\_\_\_\_ Microchip

\_\_\_\_\_ Rabies

\_\_\_\_\_ Heartworm Test

\_\_\_\_\_ Nail Trim

\_\_\_\_\_ Clean Ears

Please list any other services you would like

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