

Sedation/Surgery Authorization Form

Date: _____

Procedure: _____

Pre-anesthetic Risk Analysis - Diagnostic Testing - elective surgeries

Your animal is scheduled for a diagnostic or surgical procedure requiring a general anesthetic or a significant level of sedation. The Animal Care Center recommends a blood profile and/or other diagnostic testing to ensure that your pet can be maintained in as low risk category as possible both before and during the procedure. Improving technology now allows the Animal Care Center to screen for more subtle and sub-clinical internal changes that may complicate induction and maintenance of anesthesia. In elective surgeries, abnormal values may warrant additional testing and delaying a surgical procedure until the underlying issues can be identified, compensated for or corrected. Additionally, the result of any testing can be a valuable asset to the health care database of your animal in the event of an illness later in life. The Animal Care Center staff are committed to achieving 100% success in every anesthetic or surgical procedure performed; however, no outcome can be guaranteed 100%.

- _____ YES for minimum pre-anesthetic testing (chem6, PCV) Cost _____
- _____ YES for complete blood work (CBC, Chem 12, PCV) Cost _____
- _____ YES for additional intravenous fluids during surgery Cost _____
- _____ NO for additional blood work or fluids

Permission to perform surgery or other invasive procedures

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the Animal Care Center to receive, prescribe for, treat for, or operate on my pet, and I fully understand that there may be risks associated with the procedure(s) and/or anesthesia. Possible complications of surgery include bleeding and infection, damage to other internal organs, blood clots, allergic or other bad reactions to one or more of the substances including anesthetic agents used in the surgery, and death of your animal. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise, unforeseen circumstances. Any estimate or charges for the presently planned procedure are only a best approximation This is only an estimate, final charges can only be calculated at the end of treatment.

I have read the foregoing statements and agree to their terms.

Signature: _____

Date: _____

Printed name: _____

Contact phone: _____

Additional services which may be requested while your pet is under anesthesia providing the Dr. deems them appropriate:

Nail trim with dremel _____ \$5.00

Anal Gland expression _____ \$6.00

Ear hair plucking/ear cleaning _____ \$7.00