

Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: _____ Pet's Name: _____

*Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, **we recommend*** having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile for our patient's safety.*

There is an additional charge of \$133.00 for these blood tests (in addition to any quoted price). Please understand the need for these important tests, as our goal is to keep your pets happy, healthy, pain free and living as long as possible.

BLOOD WORK*: I DO _____ I DO NOT _____ wish to have the pre-surgical blood work run today (Please Check One, see cost above, recommended*).

MICROCHIP: I DO _____ I DO NOT _____ wish to have my pet microchip, for a one-time fee of \$24.95 (Please Check One, recommended).

IV CATHETER PLACEMENT*: I DO _____ I DO NOT _____ wish to have an IV Catheter placed in my pet which allows immediate vein access if needed during surgery for a fee of \$25. (Please Check One, recommended*)

***It is our Hospital policy to perform Blood Work and place an IV Catheter on all patients 7 years of age and older.**

***Depending on age, blood test results, and general health the attending veterinarian may instruct to use IV Fluids during the procedure (extra fees will apply).**

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the planned 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.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I agree to assume financial responsibility and provide payment in full via cash, personal check, credit card, or care credit at the time my pet is discharged from the hospital. I also understand that during procedure (s) unforeseen conditions may arise. Therefore, I hereby consent to and authorize such procedures as are necessary in the exercise of the veterinarian's professional judgement in such circumstance (s). I also do hereby acknowledge that I understand there are no guarantees either expressed or implied that the procedures planned will be without complications from unexpected events beyond the veterinarian's and hospital's control. I agree to indemnify and hold Northwood Animal Hospital, PC. harmless from and against any and all liability arising out of the performance of any of the planned procedures.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me or time is of the essence, the staff **HAS _____ DOES NOT HAVE _____ (CHECK ONE)** my permission to provide such treatment and I agree to pay for such services.

Phone numbers / email where I can be reached today: _____

If Owner is Unavailable, Name and Number of Emergency Contact: _____

Signature of Owner or Authorized Agent

Date