

**Authorization for Hospitalization / Surgery / Anesthesia / Laser**

Client's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

PROCEDURE DESCRIPTION: \_\_\_\_\_

PROCEDURE COST (including anesthesia and hospitalization) \_\_\_\_\_

As owner of the pet described above, I authorize the Animal Medical Center to perform the diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well-being. While I expect all procedures to be performed to the best of the staff's abilities, I do realize the hospital makes no guarantee or warranty regarding the results. I expect the hospital to use reasonable precautions to ensure my pet's safety, and I agree to pay **IN FULL** when the pet is discharged. Initial \_\_\_\_\_

**Pre-Anesthetic Testing**

Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctors to the presence of any underlying medical concerns which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. In addition, if your pet's health changes, the baseline bloodwork provided by these tests may be used to develop faster, more accurate diagnosis and treatment.

**ADDITIONAL COST**

	<i>Pets 0-6 years old</i> / includes: BUN, ALKP, GLUCOSE, TOTAL PROTEIN, ALT, CREATININE, and ELECTROLYTES
	<i>Pets 6 years and older</i> / includes: ALL above tests + ALBUMIN, PHOSPHORUS, CALCIUM, TOTAL BILIRUBIN, AMYLASE, CHOLESTEROL, and ELECTROLYTES

\_\_\_\_\_ I approve the above pre-anesthetic testing. I understand there is an **ADDITIONAL FEE** for this service.

\_\_\_\_\_ I have elected to refuse the recommended pre-anesthetic bloodwork and request that you proceed with anesthesia. I understand there are potential risks when using anesthesia and performing surgery on my pet.

Initial \_\_\_\_\_

**Laser Usage Authorization**

We offer the benefits of using laser for your pet's surgery. Just as in human surgery, a laser allows our doctors to perform surgery with **LESS PAIN, LESS SWELLING, and LESS BLEEDING.**

The additional fee for laser surgery during your pet's procedure is \_\_\_\_\_.

\_\_\_\_\_ **YES**, I approve the use of laser for the surgical procedure described above. I understand that there is an **ADDITIONAL FEE** for this service.

\_\_\_\_\_ **NO**, I have elected to refuse the use of laser during the procedure described above.

Initial \_\_\_\_\_

Please indicate **ANY** other procedures you wish to be performed while your pet is under anesthesia \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_