

Holcomb Bridge Animal Hospital Anesthesia Authorization Form

Client Name _____

Patient Name _____

DOB _____

Procedure _____

Date _____

A pre-anesthetic blood profile is the best way to help determine the safest anesthetic protocol for your pet.

(1) If Six Years of Age or under: Mini Pre-anesthetic Chemistry Blood Profile

_____ I want the appropriate blood test for my pet's age.

_____ I decline the recommended pre-anesthetic profile and assume anesthesia risk.

(2) **If Seven Years or Older: a CBC and Extensive Chemistry Blood Profile is required for a surgical procedure**

Intravenous (IV) fluids are used during surgical procedures to help maintain the normal fluid balance, support internal organ function, and reduce fluctuation in blood pressure that can occur in pets under anesthesia. **This is recommended for all surgical patients but is a requirement for any senior pet, generally sevens years and older.** Due to the time and materials involved, there is an additional cost of \$35.28 for this procedure.

I do _____ do not _____ give permission for this to be done.

Microchip Implant- We can implant a permanent identification number near the shoulders of your pet by a simple injection. The cost is \$66.93 and includes enrollment fee and first year membership fee.

_____ Implant Microchip

_____ Decline Microchip

Pain control is provided for patients that have undergone surgery. Not only is it more humane to prevent pain, but also is scientifically proven to shorten the healing and recovery time after surgery.

Nail trims are performed complimentary to every patient while under anesthesia if deemed medically appropriate. I do _____ do not _____ give permission for this to be done.

Is there any recent illness or concern that has presented in your pet within the last five days prior to surgery:

I am the owner or caretaker of the above pet. I assume responsibility of care after surgery and authorize the Drs. at Holcomb Bridge Animal Hospital to perform surgery. I understand all surgeries and anesthesia involve a degree of risk and realize results cannot

be guaranteed. While performing surgery should the Dr. find the procedure(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure. I understand that full payment is required when the patient is discharged.

Signature of owner/caretaker _____
Phone # _____ Cell# _____