

LAKE AUSTIN BOULEVARD ANIMAL HOSPITAL: Anesthesia Authorization Form

Please be sure to fill out our form completely and legibly.

Owner's Name: _____ Pet's Name _____ Date _____

Best #s to reach you today: _____

Surgical Procedure: _____

Dental (Extractions are authorized to be performed at the discretion of the attending veterinarian. There will be an additional charge.)

History:

Has your pet shown any sign of the following?

- Vomiting? How long? _____
- Diarrhea? How long? _____
- Sneezing? How long? _____
- Lethargy? How long? _____
- Coughing? How long? _____

Yes No

- Has your pet eaten this morning?
- Has your pet ever been anesthetized before?
- If yes, did your pet have any complications?
- Is your pet currently on any medications?
Please list: _____

If you have not already received an estimate and/or would

like an estimate prior to the procedure please check here YES

Last dose given: _____

Options:

- There is an inherent risk to any anesthetic procedure and we take all precautions necessary to minimize that risk. We recommend bloodwork be performed prior to the surgical procedure in order to assess that your pet can tolerate the anesthesia. *Please note the cost is in addition to the anesthetic and surgical charges.*
 Accept Decline
- While under anesthesia, administering fluids via an IV catheter can be beneficial in maintaining blood pressure and assist in stabilizing vital organs. In addition, should your pet have any complications arise during the anesthesia, quick access to a vein is important. *Please note the cost is in addition to the anesthetic and surgical charges.*
 Accept Decline
- If your pet is not already microchipped (a permanent form of identification), now may be a good time to have it done. Although microchipping does not require anesthesia, it may be easier for some pets to have the chip implanted while asleep. *Please note the cost is in addition to the anesthetic and surgical charges. (\$61 total for implantation & registration fee)*
 Accept Decline Already microchipped

- I am the owner or agent for the owner of the above named animal and am over the age of eighteen.
- I understand that during the performance of procedure(s) or operations, unforeseen conditions may be revealed that necessitate an extension of the above procedure(s) or operation(s) other than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.
- I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I understand results cannot be guaranteed.
- I understand that it is my responsibility to return for this animal when the treatment is completed. Seven days after being informed of such, if the animal has not been discharged, it will be considered abandoned and become the property of Lake Austin Boulevard Animal Hospital. Such action does not relieve my obligation for paying all incurred charges.
- I have read and understand this consent form and hereby voluntarily execute my consent.

I hereby authorize the veterinarians of Lake Austin Blvd. Animal Hospital to perform such diagnostic, treatment and surgical procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk and the potential for complications including death to such procedure(s). I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation and the final bill may be greater or less than this amount. I have read the above conditions for treatment and acknowledge that I may have a copy of this form, if requested.

All fees for services are due before patient is released.

Signature

Date