

Animal Clinic of Spokane
Anesthesia Authorization Form

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

Daytime Phone: _____

Procedure: _____

Medication: _____ Last Time Received: _____

Your pet has been admitted for an anesthetic procedure today. Please be assured that the doctors and staff at the Animal Clinic of Spokane will use the safest anesthetics available, however, regardless of an animal's age or apparent health status, all anesthetic procedures have an element of risk. These risks, while rare, can be serious and fatal.

I hereby consent and authorize surgery on my pets employing the use of anesthetic agents as may be considered necessary. I further understand that not all risk factors are evident upon physical examination and that routine pre-anesthetic blood testing and IV fluids are recommended. A pre-anesthetic blood screen can be performed the day of anesthesia that could help decrease the risk of anesthetic complications. This test will show liver and kidney functions as well as any evidence of anemia and can allow for extra precautions to be taken. IV fluids can be administered to your pet while under anesthesia to help maintain hydration, blood pressure, and improve recovery time thereby further safe guarding from complication.

Pre-Anesthetic Blood Screen

YES, I want my pet to receive the pre-anesthetic blood screen for an additional charge
 NO, I decline the pre-anesthetic blood screen

Intravenous Fluids

YES, I want my pet to receive intravenous fluids for an additional charge
 NO, I decline the use of intravenous fluids

Microchip implantation

YES, I want my pet to receive a Microchip for an additional charge
 NO, I decline a Microchip

I want my pet to be sent home with an **E-Collar**
 I want my pet to go home on **pain medication**

In the event that any urgent care requirements arise and the hospital makes reasonable attempt, but is not able to contact me, I grant permission to render to my pet whatever emergency and life-stabilizing treatments are deemed necessary by hospital personnel and agree to pay for these additional treatments.

Owner's Consent:

I have read and fully understand this consent form. I understand that I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction. Or if I do not understand the terms or wording contained in this consent form.

Signature: _____ Date: _____