

# Mountain View Animal Hospital **Anesthesia/Surgery Authorization Form**

Client: \_\_\_\_\_ Pet: \_\_\_\_\_  
Weight: \_\_\_\_\_ Procedure: \_\_\_\_\_

1. As the owner or authorized agent of the owner, I hereby authorize and direct the veterinarians of Mountain View Animal Hospital to perform the indicated procedure for my pet.
2. The nature and purpose of the procedure(s) has been explained to me and no guarantee or assurance has been made as to the results or cure than may be obtained. I agree to indemnify and hold harmless the veterinarians and staff from and against all liability. I understand that unforeseen circumstances occasionally occur and that additional procedures will be explained to me as the need arises.
3. I assume financial responsibility and agree to pay in full for services as they are rendered.

HAS YOUR PET HAD ACCESS TO FOOD SINCE 11:59PM YESTERDAY? YES \_\_\_\_\_ NO \_\_\_\_\_

VACCINATION STATUS CURRENT: \_\_\_\_\_ NOT CURRENT: \_\_\_\_\_

MICROCHIP IMPLANT ACCEPTED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

TOE NAIL TRIM-NO CHARGE ACCEPTED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

E-COLLAR ACCEPTED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

### PRE-ANESTHIC BLOOD TESTING

Many conditions, including disorders of the liver, kidneys or blood, are not detected unless blood testing is performed. Test results are available prior to anesthesia, and should there be any abnormality; we will consult you before proceeding and advise you of any change of plans.

We require pre-anesthesia blood screening for all patients age 5 and older for general anesthesia.

BLOOD TEST (under age 5) ACCEPTED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

### INTRAVENOUS CATHETER PLACEMENT

An IV catheter may be used in anesthetic induction and/or delivery of fluids to maintain your pet's normal blood pressure while under anesthesia and if necessary, to quickly administer emergency medications.

IV CATHETER & FLUIDS ACCEPTED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

### DENTAL PROCEDURES & EXTRACTIONS

It is not unusual to find abscessed or damaged teeth after an animal has been anesthetized. These teeth may require extraction and additional medication for healing. This will cause and increase in the price of the procedure.

\_\_\_\_\_ I approve any extractions deemed necessary by the veterinarian.

\_\_\_\_\_ I do not approve any extractions deemed necessary by the veterinarian.

\_\_\_\_\_ I wish to be contacted before any extractions

\_\_\_\_\_ If I cannot be reached, I approve the extractions deemed necessary by the veterinarian.

### DENTAL X-RAYS

I approve \_\_\_\_\_ I do not approve \_\_\_\_\_ Notes: \_\_\_\_\_

### PAIN CONTROL

Pain medication is of great benefit to your pet following surgery through the recovery period by relieving pain and stress associated with surgical procedures. There is a minimal charge for pain medications for all surgical procedures.

I understand that veterinary service is provided during nighttime hours only as deemed necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

**Twenty-four-hour surveillance is not available at this facility.**

I have read the above statements and agree to the hospitalization and/or treatment of my pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_