

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: \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last dose given: \_\_\_\_\_

- There is an inherent risk to any anesthetic procedure and we take all precautions necessary to minimize that risk. We run blood work 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. If pre-anesthetic blood work was done prior to the day of the procedure, you will not be charged again.**

I understand pre-anesthetic blood work will be done prior to my pet's surgical procedure.

- 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. (\$44.50 total for implantation & registration fee)*

Accept                       Decline                       Already microchipped

- For Dental Cleanings/Procedures:

**I authorize DENTAL EXTRACTIONS to be performed at the discretion of the attending veterinarian. I**

**understand extractions will be an ADDITIONAL CHARGE.**

- 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