

Good Samaritan Veterinary Hospital
Authorization and Consent for Anesthesia & Surgery

Please Print:

Date _____

Pet's Name _____

Your Name _____

ALL phone numbers where you can be reached today: (____) _____

(____) _____ (____) _____

What procedure/surgery is your pet here for today?

Has your pet eaten today? YES (If yes, when and how much? _____)
 NO

Has your pet been medicated today?
 YES (If yes, what medication and time given _____)
 NO

ANESTHESIA SUPPORT (I.V. CATHETER/I.V. FLUIDS)

We recommend that all animals while under anesthesia and recovering from surgery have an intravenous catheter and fluids. Should your pet have any complications during anesthesia, quick access to a vein is important. Intravenous fluids speed up the recovery process and help maintain blood pressure during anesthesia. In addition, I.V. fluids enable us to use newer pain medications which are now available.

- YES, I would like **both** an I.V. catheter and I.V. fluids at a cost of \$134.75 (recommended for longer procedures, i.e. most surgeries)
- YES, I would like **only** an I.V. catheter at a cost of \$65.25 (recommended for short procedures, e.g. hip/spine x-rays, skin biopsies, cast applications)
- NO, I decline (I understand I can only decline in dogs under 7 years old and cats under 9 years old. See below.)

NOTE: The I.V. catheter and fluids are required for dogs that are 7 years and older, for cats that are 9 years and older, and for any animal with medical conditions that warrant these extra care measures.

PAIN INJECTION

Strongly recommended to control pain and facilitate a smoother anesthesia. The cost is \$45.00 for animals less than 40 lb, or \$52.00 for animals over 40 lb.

CHECK ONE:

- YES, I authorize a pain injection
- NO, I do not authorize a pain injection

MICROCHIP/PERMANENT I.D.

If your pet has not already been implanted with a microchip, would you like us to place one while your pet is under anesthesia? Cost: \$62.50 There is an additional fee of \$20.75 when you register the microchip with HomeAgain.

- YES, please microchip my pet
- NO, I decline

(OVER →)

OTHER PROCEDURES

Should other procedures (skin scrape, lump aspirate, ear cleaning, heartworm test, fecal test, etc.) be deemed necessary or recommended in the veterinarian's judgment, how would you like us to proceed? **CHECK ONLY ONE:**

- Please proceed with all recommended procedures.
- Please **phone me prior** to any additional procedures, other than emergencies. However, **if I cannot be reached**, I authorize recommended, non-emergency procedures.
- If I cannot be reached, I do not** authorize any other non-emergency procedures.

FOR DENTAL CLEANINGS

- **Extractions & X-Rays:** If extractions or x-rays of infected, painful, or broken teeth are recommended, how would you like us to proceed? **CHECK ONLY ONE:**
 - Please proceed with extractions and x-rays.
 - Please **phone me prior** to extractions and x-rays. However, **if I cannot be reached**, I authorize extractions and x-rays.
 - If I cannot be reached, I do not authorize** any extractions or x-rays.

- **OraVet:** OraVet provides a barrier sealant that helps protect teeth and gums from plaque and calculus buildup due to bacteria. The sealant is applied by us after the cleaning and then 2 weeks after the cleaning you begin weekly at home applications of a plaque prevention gel to your pet's teeth and gum line. Home application takes less than 60 seconds and helps to prevent plaque build up and periodontal disease.
 - The cost for in-hospital treatment is \$66.50
 - The cost for at home prevention kit is \$39.28**CHECK ONE:**
 - YES**, I would like OraVet treatment
 - NO**, I decline OraVet treatment

If your **CAT** should require medication, would you prefer a **LIQUID** _____ or a **PILL** _____?
(Check one; certain medications are only available in one form)

I am the owner or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or anesthetic procedure, and that results cannot be guaranteed. I authorize the veterinarians and the staff of the Good Samaritan Veterinary Hospital to perform all procedures as set forth above, including surgery, medical procedures, medications, and anesthetics. Furthermore, in case of an emergency, I consent to any procedures deemed necessary and desirable in the attending veterinarian's judgment. I understand that an attendant is not on hospital premises 24 hours per day.

I AGREE TO PAY IN FULL FOR SERVICES PERFORMED, INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR FOR UNFORESEEN CIRCUMSTANCES.

Signature: _____ Date: _____