EDMONDS VETERINARY HOSPITAL

21111 84th Avenue West Edmonds, WA 98026 425-775-3449

Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: _____ Pet's Name: _____

Anesthetic and medical or surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** ☐ eighteen years of age or over and authorize the veterinarians at this veterinary practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I assume financial responsibility for all fees associated with the procedure, and will provide payment at the time my pet is discharged from the hospital.

PERMISSION FOR LIFE SUSTAINING TREATMENT

Should unexpected life-saving emergency care be required, my veterinarian **has permission and I agree** ☐ **or does not have permission and I do not agree** ☐ (check one) to provide vital treatment including administering CPR and emergency medications in an effort to sustain life. Average cost of emergency treatment is $ 250-500.00. I accept financial responsibility for care regardless of the outcome.

PERMISSION FOR ELECTIVE/HEALTH TREATMENT

Should additional dental extractions or surgery need to occur while the above pet is under anesthesia, I authorize my veterinarian to proceed as follows:

☐ Proceed with necessary treatment at the additional expense as deemed necessary by my veterinarian for the health and safety of my pet and to avoid future need for anesthesia. Please do not delay anesthesia or treatment. Call me with an updated estimate after completion of my pets care.

☐ Proceed with necessary treatment at the additional expense as deemed necessary by my veterinarian for the health and safety of my pet and to avoid future need for anesthesia up to a maximum of $_____. Please do not treat above this amount without contacting me at the below numbers. I understand that for the safety of my pet, anesthesia cannot be prolonged in an effort to obtain permission for treatment without causing undue harm and risk of life. If I cannot be reached immediately, my veterinarian will not perform elective treatment above the cost specified and my pet may not receive all the needed care.

☐ Do not proceed with treatment if I cannot be contacted with the contact information below. I understand that for the safety of my pet, anesthesia cannot be prolonged in an effort to obtain permission for treatment without causing undue harm and risk of life. I wish the medical team to wake my pet from anesthesia and an additional procedure may need to be scheduled in the future at an additional cost. I understand that I am electing partial care in the event my pets care exceeds the estimate given. I will be charged for services performed today.

I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

Phone number(s) where I can be reached today while my pet is here. In the event of a question or concern it may be vital that you be available during your pets anesthesia time. Please provide all possible contact information.

Primary: ( ) - Name ___

Secondary: ( ) - Name ___

{CLIENTSIGNATURE}_____ _____

Signature of Owner or Authorized Agent Date

Client's Name: _____ Pet's Name: _____

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- **What time was your pet last fed?** _____ AM/PM
- **Did your pet receive water this morning?** Y/N
    - If yes, what time? _____

- **Has your pet had any of the following in the past 72 hours:**

Seizure? Yes/ No
Coughing? Yes/ No
Sneezing? Yes/ No
Vomiting? Yes/ No
Diarrhea? Yes/ No
If you answered yes to any of the above, please provide details:
_____

- **What medications did your pet receive in the last 3 days?**

- **Would you like your pet to have additional services while under anesthesia today?**

_____ Nail trim (no charge)

_____ Anal gland expression ($24)

_____ Microchip implantation & registration ($60)

_____ Other:

DIABETIC ONLY:
If your pet is diabetic, please provide the following:
Last time my pet ate: _____
My pet's normal diet: _____
Insulin type: _____
Last time insulin given: _____ Dose/Units: _____
I brought my pets food/insulin with me today: Yes/ No

FOR VETERINARY OFFICE USE:
Neuter - palpate testicles ☐
Spay - vulva check ☐ When was last heat cycle? _____
Mass Removal - which mass(es) are requested to be removed?