

Authorization for Anesthesia and Surgery

Client's Name _____ Pet's Name _____

Procedure(s) to be performed: 1) _____
 2) _____
 3) _____

I, the undersigned owner or agent of the owner of the pet, certify that I am **eighteen years of age or over** ____ (Initial) and authorize the veterinarians at Laguna Beach Animal Hospital to perform the above procedures. I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before any procedure is initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- ◆ The medical and surgical treatment options for my pet
- ◆ Sufficient details of the procedures to understand what will be performed
- ◆ Expectations of how fully my pet will recover and how long recovery will take
- ◆ The most common and serious complications
- ◆ The length and type of follow up care required

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has ____ or does not have ____ (Initial one) my permission to provide such treatment and I agree to pay for such services.

I have received an estimate for the procedures to be performed. This includes discussion of optional services that can increase the safety of the procedure including pre-anesthetic blood testing, IV catheter and fluids, and EKG. **These are recommended for all procedures.**

	Accept	Decline
Pre-Anesthetic Blood	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Op EKG	<input type="checkbox"/>	<input type="checkbox"/>

I have read and fully understand the terms and conditions set forth above.

Owner _____ Date _____