



## Anesthesia & Procedure Authorization Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Best number to contact me all day is... \_\_\_\_\_

Procedure(s) being performed:  Spay  Neuter  Dental  Declaw  Other \_\_\_\_\_

\_\_\_\_\_ I certify that I own the above described animal and I am eighteen years of age or over and authorize the veterinarians at Balboa Veterinary Hospital to perform the above procedure(s).

\_\_\_\_\_ I understand that there are inherent risks associated with anesthetic, medical and surgical procedures, including death and I am encouraged to discuss any concerns I have about those risks with attending doctor before the procedure(s) is/are performed.

\_\_\_\_\_ In the event of an emergency, the hospital will make every reasonable attempt to contact me so that event I am aware of the situation and may be involved in medical decisions. In the event that I cannot be reached I authorize the veterinarians at Balboa Veterinary Hospital to initiate care to address these complications should they arise while under their care. I also agree to pay for such services.

\_\_\_\_\_ I accept that veterinary medicine is not an exact science and that no guarantee of successful treatment has been made.

\_\_\_\_\_ Pre-Anesthetic blood is required for all pets undergoing general anesthesia. It is for all pets 6 years of age and older\*. The tests look for problems like anemia, diabetes, and kidney and liver disease. Pre-Anesthetic labs to be performed (check below):

6 Panel  17 Panel  CBC

### All dental procedures require pre-anesthetic blood work

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_