

SURGICAL AUTHORIZATION & ANESTHESIA RELEASE FORM



Owner's Name: _____

Pet's Name: _____

Date: _____

How may we reach you today? _____

Any address, phone or employment corrections?

Yes

No

To make your pet's anesthetic procedure as safe as possible, our doctors and surgical staff would like you to read and understand the following information regarding required preanesthetic lab work, evaluations, and their associated costs.

A. Preoperative Blood Work. This will enable us to choose the safest method of anesthesia and surgical procedure setup regarding your pet's individual needs.	COST
<input type="checkbox"/> Healthy Pet Under 5 Years of Age — Packed Cell Volume (Hemocrit), Total Protein, Kidney Function (BUN)	\$ 30.25
<input type="checkbox"/> Healthy Pet 5 to 8 Years of Age — Complete Blood Count (CBC), Kidney Function (BUN), Blood Sugar (Glucose)	\$ 58.50
<input type="checkbox"/> Pets Over 8 Years of Age — Complete Blood Count (CBC), Complete Organ Chemistry Profile, Electrolytes	\$ 94.00
<input type="checkbox"/> Senior/Geriatric Exam. I would like to do my pet's annual senior/geriatric exam at this time. — Complete blood count, complete organ chemistry, urinalysis, screen for glaucoma. Feline exam includes thyroid level screen. Canine exam includes chest x-rays.	Feline \$181.00
	Canine \$205.50
<input type="checkbox"/> I decline preoperative blood work. <i>This option requires doctor's approval prior to admission.</i>	
B. IV Catheter/Fluid Therapy. During any anesthetic emergency blood pressure may drop quickly, making it difficult for the doctor to administer life-saving emergency medications. We highly recommend placing an IV catheter (giving us a direct line to the heart and bloodstream) prior to your pet undergoing anesthesia.	
<input type="checkbox"/> Please insert an IV catheter prior to anesthesia. <i>(Note: fee includes catheter, placement, and fluid therapy during procedure)</i>	\$ 32.50
<input type="checkbox"/> No, I specifically decline an IV catheter. <i>This option requires doctor's approval prior to admission.</i>	
C. Pain Relief Injection. The procedure that your pet will undergo today may cause him/her some discomfort later this evening. It is our standard of practice that NO patient endure unnecessary pain. Therefore, we will, as the case may warrant, provide him/her with a postoperative pain control injection that will make his/her recovery much more comfortable and stable following the surgery or procedure.	Feline \$22.50
	Canine \$27.50
<input type="checkbox"/> No, I specifically decline a long-lasting pain control injection. Please note: If the attending doctor believes that your pet's health and recovery will greatly benefit from analgesic treatment, it will be administered at the appropriate cost.	
D. Permanent Microchip. We offer insertion of a painless, permanent identification system by placement of a microchip underneath the skin. This chip identifies your pet directly to you and to three different emergency contacts, including your veterinarian.	
<input type="checkbox"/> Yes. Please insert a permanent microchip into my pet while he/she is under anesthesia.	\$43.00

PLEASE SEE OTHER SIDE

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Bryan Animal Hospital P.C.
Premiere Service. Quality Care.

I am the owner of the above-named patient or am responsible for this patient, and I have the authority to execute this consent. I authorize performance of the following procedures and accept full financial responsibility.

Primary Procedure: _____ Secondary Procedure: _____

I hereby authorize the use of anesthetics as the doctor deems advisable and performance of the surgical or therapeutic procedures listed above. I agree to hold Bryan Animal Hospital harmless from any liability arising from the proper performance of any procedures referred to above.

Client Signature: _____ Date: _____

_____ If my pet is undergoing a dental cleaning today, and during anesthesia the doctor determines that one or more teeth need to be extracted, I understand and authorize this and accept financial responsibility. *(please initial)*

_____ If my pet is undergoing a spay today and she is pregnant or in heat, there may be an additional charge at the doctor's discretion. I understand and authorize this and accept financial responsibility. *(please initial)*