



PRE-ANESTHESIA AUTHORIZAION & CONSENT

Client _____ Patient _____ Age _____ Date _____

Procedure(s) to be performed _____

Phone numbers where you can be reached TODAY _____

I am the owner or agent for the above Patient and have the authority to execute this consent and authorize the above procedure(s) with the following checked components:

Pre-anesthesia blood screening based on age and risk:

We will perform a complete physical exam on all pets before anesthesia. If your pet has not been examined here before or within the past year, a Pre-Anesthesia exam fee of **\$42.00** will be assessed.

____ 1. **Prep Profile 2** (Healthy or Mild to moderate disease and symptoms; Pets aged 0-8) **\$53.50**
Complete Blood Count (Infection, anemia, blood clotting, hydration) ALP (Liver, bone, muscle), ALT (Liver), BUN (Kidneys), Creat (Kidneys), Glucose (Pancreas, liver, stress), TP (Liver, hydration)

____ 2. **Prep Profile 3** (Mild/moderate/severe disease and symptoms; Pets over age 8) **\$63.50**
Complete Blood Count (Infection, anemia, blood clotting, hydration) Alb (Liver, hydration), ALP (Liver, bone, muscle), ALT (Liver), Amylase (pancreas), BUN (Kidneys), Calcium (kidneys, certain cancers), Creat (Kidneys), Glob (inflammation, infection, certain cancers), Glucose (Pancreas, liver, stress), Potassium (adrenals, kidneys), Sodium (adrenals, hydration) Phos (Kidneys), T. Bili (Liver), TP (Liver, hydration)

____ 3. **Add-On EKG** (Any pet or if heart problems are suspected or detected) **\$29.50**
This will add an electrocardiogram to either of the 2 profiles selected above. This is a particularly beneficial screening test for older pets or any pet in which a heart problem is suspected.

____ I have elected to refuse the above recommended pre-anesthetic blood testing at this time and request that you proceed with anesthesia/surgery.

Intravenous Catheter and Fluid Therapy

____ I choose to have an intravenous catheter and fluid therapy for my pet during this procedure. Fluids during anesthesia help maintain hydration and blood pressure and assist the kidneys in processing anesthetic drugs. This also provides immediate access to the venous system for emergency drugs if needed. **(REQUIRED FOR PETS OVER AGE 8)** **\$44.00**

____ I choose to decline intravenous catheter and fluids during this procedure.

Pain Medication

We will administer pain medication to your pet prior to the procedure, and may send home additional pain medication depending on the procedure being performed. Some animals may require additional pain medication due to a variety of factors such as age, illness, procedure performed, and overall pain tolerance.

____ I authorize additional pain medication and/or laser therapy pain relief as may be necessary for my pet during and after the procedure. I realize there may be an additional expense associated with this.

____ I decline additional pain medication for my pet during and/or after the procedure.

Permission to Resuscitate

I understand there is always some level of risk during anesthesia, even for apparent healthy, young animals. If there are any complications, such as respiratory or cardiac arrest,

____ I DESIRE attempts for resuscitation.

____ I DECLINE attempts for resuscitation.

I understand that during the performance of the above procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even different procedures than those set forth previously. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthetics and the administration of other medications, and understand the hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

I desire a written estimate of charges for today's procedure(s) _____ I decline a written estimate of charges _____

Signature _____ Date _____ COL staff _____