



Authorization for Anesthesia and/or Surgery

Owner's Information

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Animal Information

Name: _____ Species: _____ Breed: _____

Color: _____ DOB: _____

Phone number(s) at which you can be reached today or tomorrow _____

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

I, undersigned owner or agent of the pet identified above, authorize the staff of Charlestown Veterinary Hospital 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 risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff **may** or **may not** have my permission to proceed with life sustaining procedures. (Please circle)

While I accept that all procedures will be performed to the best of the abilities of the staff at the hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams, and additional surgery due to failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the surgical procedure. However, this may not identify all systemic or metabolic problems. For this reason, it is highly recommended that your pet have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia. All animals seven years and over are required to have blood work prior to any procedures.

I do want blood work or I do not want blood work (Please Circle)

Due to the effects of some anesthetics and drugs, your pet's blood pressure may unexpectedly drop to a dangerous level; therefore, it is highly recommended that your pet have an IV catheter placed so life saving measures can be performed.

I do want an IV catheter or I do not want an IV catheter (Please Circle)

We recommend HomeAgain Microchipping that provides a permanent lifetime identification for the best chance for your pet to come home if they ever get lost.

I do want a HomeAgain microchip or I do not want a HomeAgain microchip (Please circle)

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

Signature: _____ Date: _____