

AUTHORIZATION FOR ANESTHESIA – Loving Paws Pet Clinic

No anesthesia is without some risk, however small. Therefore, we **require** blood tests be performed prior to administering anesthesia. The tests we do will be based on your pet’s age and health. We will also place an intravenous (IV) catheter and give fluids during anesthesia. For dental cleanings, x-rays of the teeth will be taken if needed for a complete exam. Any pet with fleas will be treated and pain medicine will be given if needed. There will be fees for all tests and treatments.

I authorize Loving Paws Pet Clinic to perform upon _____

the following procedure(s)_____

Estimate for charges (this may change after an exam or tests): _____

If any unforeseen condition arises calling for procedures, in addition to, or different from those now contemplated, we will follow your instructions indicated below.

I authorize her to do whatever she deems advisable without first contacting me, realizing there will be additional costs beyond the estimate.

Contact me prior to any additional procedure. **If I cannot be reached, I authorize her to do whatever she deems advisable without contacting me, realizing there will be additional costs beyond the estimate.**

Contact me prior to any additional procedure. **If I cannot be reached, do not perform any additional procedures.** I understand that this does not apply to an emergency situation.

If it is a life-threatening emergency, we will attempt to call you, but will also institute immediate treatment unless the DNR (Do Not Resuscitate) is checked below.

If my pet goes into cardiac arrest (is not breathing and has no pulse):

I DO want you to try to resuscitate my pet, knowing this will incur emergency treatments and fees

DNR: I DO NOT want you to make any emergency attempts to revive my pet, knowing this could result in death.

When was the last time your pet ate anything?_____

Has your pet gotten any medications (including aspirin) within the past week? (circle) Yes No

If yes, what medication and when was the last day and time you gave it? _____

Is there anything else you’d like us to check while your pet is here? _____

We will be happy to trim your pet’s nails at **no charge**. We may trim cat’s nails for safety reasons.

Yes, please trim my pet’s nails while under anesthesia. No, thanks.

The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk to such procedures. I authorize the use of appropriate anesthetics and other medications. I understand and agree to the proposed estimate plan. I have read and do understand this consent.

_____ Date _____

Signature of pet owner or responsible agent (Required)

Phone number (Required for emergencies)

Phone Text Email _____

Preferred method of contact after your pet awakens