

WILLOWDALE VETERINARY CENTER

4485 US HIGHWAY 17
ORANGE PARK, FL 32003
(904) 269-8866
FAX (904) 269-3147

AUTHORIZATION FOR AND CONSENT TO ANESTHESIA AND SURGERY OR DIAGNOSTIC/THERAPEUTIC PROCEDURES

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants:

To minimize risks, selected laboratory tests can help to assess your pet's ability to safely undergo anesthesia and identify certain potential problems that could endanger your pet. Our hospital will send out the blood tests to Antech Diagnostics prior to anesthesia. Additionally, placement of an intravenous (IV) catheter will allow delivery of IV fluids to assist in the maintenance of blood pressure and allow rapid access for IV drug administration in the event an emergency situation develops.

PLEASE INDICATE YOUR CHOICE BELOW.

- Yes, I want to have an optional **pre-anesthetic** blood screen performed.
- Healthy puppy and kitten \$41.20
 - Adult **Superchem/CBC** \$84.40
 - Senior profile for animals over 8 years of age (*Canine/Feline*) \$99.20/\$98.00
- No. I do not want to have a **pre-anesthetic** blood screen performed.

- Yes, Place an IV catheter and administer IV fluids.
 \$50.00 for the placement of an optional IV catheter.
- No. Do not place an IV catheter and do not administer IV fluids.

- If problems unrelated to the authorized procedure are found that require elective correction:
*I may **be reached** at the following phone number(s):* _____
- If the hospital staff calls **and cannot reach me by phone**, please do the **following**:
- Do whatever is **necessary** at this time to avoid a second anesthetic procedure.
 - Do not **perform** any elective procedure that has not been **discussed** previously.

I understand the above anesthetic and **surgical**, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied **as** to result or cure. Furthermore, I **authorize** the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency **services** rendered.

Your signature **below** constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the **procedures(s)** have been **explained** to your satisfaction and that you have all the information that you **desire**, (iii) you have had the chance to ask questions, and (iv) you **authorize** and **consent** to the performance of the **procedure(s)** and to the administration of anesthesia.

Signature: _____

Date: _____