

Animal and Bird Clinic of Mission Viejo

ANESTHESIA AUTHORIZATION/PROCEDURE CONSENT

Client's Name: _____ Pet's Name: _____

I am the owner or agent for the animal described above, and I have the authority to execute this consent.

I hereby consent and authorize this hospital to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

_____ (Date)

(Signature of Owner or Agent)

PREFERRED Veterinarian: _____

BEST Phone Number to Reach You at Today: _____

My Pet Has Not Had Anything to Eat or Drink Since: _____ Initial: _____

CURRENT Medications (Including OTC): _____

Advances in Anesthesia have made elective procedures safer, with low rate of anesthetic complications. To minimize the risk of complications and provide the highest level of care possible, the following are included in today's procedure:

- In order to evaluate your pet's current health status, a doctor will perform a **pre-anesthetic examination**.
- We require **pre-anesthetic blood screening** prior to all anesthetic procedures. This information helps us know whether we need to take additional precautions with your pet or postpone the procedure pending treatment. In certain rare circumstances a condition may exist that is not evident on physical examination or pre-anesthetic screening, which could result in an anesthetic complication.
- At doctors discretion, patients undergoing anesthesia may have an **intravenous catheter** placed to allow for the **administration of fluids** during the procedure to help support blood pressure, and to facilitate emergency treatment if needed. It will be necessary to shave or clip hair from the IV site and/or other areas.
 - Patients will be **monitored** during and after anesthesia
 - **Pain relief** medication will be administered in hospital and dispensed for use at home at the discretion of the doctor.

The above protocol is included in the healthcare plan and estimate of costs for today's procedure and is what we consider the minimal standard for a procedure performed at our practice.

Based upon your pet's specific requirements additional tests (above the determined baseline) may be performed at additional cost.

OWNER'S Initials: _____ Admitted By: _____