

ANESTHESIA AUTHORIZATION & CONSENT

Client: _____ Patient: _____ Age: _____
Date: _____ Emergency #: _____
Did your pet eat today? _____

I authorize the veterinarians of Puget Sound Veterinary Group to examine, prescribe for, treat, or perform surgery upon the above described pet. 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 anesthesia is required for surgical and dental procedures and that there is risk to such procedures. I further understand that adverse reactions to anesthetics, drugs, or vaccines can occur for unforeseeable reasons. These reactions can include anaphylactic shock, organ dysfunction, respiratory or cardiac arrest, resulting in death. I understand there is a risk of hemorrhage, infection, or other complications with any surgical procedure.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this amount. All services are strictly cash, check, credit card, or debit card and must be paid before the patient can be released.

PRE-ANESTHETIC BLOOD TESTING:

A simple blood test can be performed on the day of surgery that helps to decrease the risk of anesthesia. The test allows us to check the function of some internal organs and can alert us to some of the more common problems, allowing for extra precautions to be taken. **The pre – anesthetic blood work fee is \$70.47 (This service is required for animals 9 years of age and older.)**

_____ Accept, I **want** my pet to have the pre-anesthetic blood screen.

_____ Decline, I **do not want** my pet to have a pre-anesthetic blood screen. I understand the risks may be increased during anesthesia.

INTRAVENOUS CATHETERIZATION:

An intravenous (IV) catheter can be placed to help reduce the risk of anesthesia. The catheter allows the doctor rapid access to a vein in case anesthetic complications warrant the use of life-saving emergency drugs or fluids. The charge for this service is \$39.79. **(This service is required for animals 9 years of age and older.)**

_____ Accept, I **want** my pet to have the IV catheter.

_____ Decline, I **do not want** my pet to have the IV catheter. I understand the risks may be increased during anesthesia.

DENTAL PROCEDURES:

It is difficult to determine how many teeth may need to be removed prior to a dental procedure. We will not remove any tooth that is not deemed medically necessary. **The cost of an extraction ranges between \$30.00 - \$124.00** depending on the amount of roots the tooth has and difficulty of extraction. We also offer dental radiographs the **cost per tooth is \$15.00.**

_____ Puget Sound Veterinary Group has my permission to extract teeth and/or take dental Radiographs if necessary.

_____ Please call me at _____ if my pet needs extractions or radiographs

_____ I decline dental radiographs and extractions at this time

Please sign below to indicate that you have read this form and understand that there are risks associated with anesthesia and surgery. Also, please indicate if you wish to have the pre-anesthetic blood work performed or an IV catheter placed.

Signature: _____

Date: _____