



## *Anesthesia Authorization & Consent for Farm Animals*

**Client:** \_\_\_\_\_ **Patient:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

Throughout the year you may have reason to Your anipet has been admitted for anesthesia today. Please be assured that the staff at Puget Sound Veterinary Group will use the safest anesthetics available and that your pet is constantly monitored throughout the procedure. Regardless of an animal's age or apparent health status, all anesthetic and surgical procedures have an element of risk. The following authorization and consent form describes the potential risk. Please ask your doctor if you have any questions or need more explanation. **Please initial each paragraph to indicate you have read and understand it.**

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

**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.**

\_\_\_\_\_ I have read the above information and **authorize**  
(check one or both):  pre-anesthetic blood work  IV catheter.



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\_\_\_\_\_ I have read the above information and **decline** preanesthetic blood work and IV catheter placement.