

Sedation Authorization

Company

Date

Address

Zip

City

State

Pet Name

Pet Age

CID: Number

Your pet will receive a preoperative physical examination to ensure he/she is a good candidate for the procedure. The procedure is performed under general anesthesia. As you know, we will use every precaution to ensure your pet's safety during anesthesia and surgery. If your pet has any fleas they will be given medication during their stay in the hospital area.

Wellness Questionnaire (Please initial either yes or no)

Animal Name

Age

is old. We require any animal over 7Y to have pre-anesthesia bloodwork before sedation unless there is current bloodwork within three months.

If your pet is under the age of 7Y do you want this blood work to check kidney, liver, sugar, RBC, WBC, and dehydration values? (\$70)

YES NO

Has your pet had any history of asthma, exercise intolerance, cough, or open mouth breathing?

YES NO

If YES please list: _____

Is your pet on any medications, supplements, or home remedies?

YES NO

If YES please list: _____

Does your pet have any known or suspected illnesses or medical problems?

YES NO

If YES please list: _____

I certify that I am the owner, or duty authorized agent for the owner, of the animal presented today, and that I give Dr's Johnson, van der Westerhuizen, Watson and Chesnutt full and complete authority to perform the surgical procedure described above. Further, I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery involves some minimal risk to my pet and I will not hold the doctors and staff responsible under any circumstances. I assume all risks.

(Date)

(Signature)

(Emergency Contact Number)

Would you like to have your pet microchipped while in surgery (\$30 fee)? _____