Sedated/Anesthetic Procedure Authorization Form

Patient Name _____

Age_____ **Species** *Canine   Feline* **Breed** _____

Sex   *M   F* **Spayed/Neutered** *Y   N*

Contact Name_____ Phone Number _____
Additional Contact _____ Phone Number _____

I hereby authorize sedation/anesthesia for my pet. I understand that some risks always exist, even in apparently healthy animals. These include unforeseen conditions that may be revealed during the procedures which require different or more extensive treatments, the potential side effects associated with the use of any medications, or in extremely rare cases death. I acknowledge that the veterinarians and hospital staff will try to minimize such risks. I will not hold Critter Doctor Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

Critter Doctor's goal is to provide your pet with the best possible outcome. Only procedures that are in %patientname%'s best interest will be performed. However, I acknowledge that there can be no guarantees as to the outcome of any procedures, and am encouraged to discuss any concerns I have with the attending veterinarian(s) before the procedures are initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I realize that any prices quoted for such procedures are for non-complicated operations, and assume financial responsibility for charges incurred to patient.

If live fleas are present, to protect other patients in the hospital, I authorize the use of Capstar. This is a flea treatment which starts killing fleas within 30 minutes and can last up to 12-24 hours. It can be used even if your pet is on another flea medication.

*If the performance of additional procedures or treatments are deemed immediately necessary for the health and wellbeing of my pet, all reasonable efforts will be made to contact me. Therefore, me or an authorized contact will be available by phone at all times. However, **if efforts to reach me are unsuccessful, I authorize up to the amount of $ _____***

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment. I accept financial obligations regardless of the outcome:

Y ❑   *N* ❑

Many services are considerably easier to perform and more comfortable for your pet while sedated. Please check boxes of the services you would like performed. These will only be performed if deemed appropriate by the veterinarian.

❑ *Nail Trim (included)*   ❑ *Parasite Preventatives (varies)*

❑ *Anal Gland Expression ($36)*   ❑ *Microchip Implant ($47)*

❑ *Ear Cleaning ($30-45)*   ❑ *Clip Mats ($20-55)*

❑ *Other* _____

I have read and fully understand the terms and conditions set forth above.

Signature of Owner /Agent   _____   Date _____