

Sedation/ Anesthesia Authorization Form
Acredale Animal Hospital

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|------------------|
| Office Use |
| Last name: _____ |
| Acct # _____ |

I, _____, am presenting my pet _____ to Acredale Animal Hospital for _____. I understand this procedure will require sedation or general anesthesia and I am aware of the risks involved therein. Risks include aggression, low blood pressure, central nervous system or respiratory depression, and/or heart arrhythmias. Rarely, these complications may lead to respiratory or cardiac arrest and death. These risks are minimal in patients with no pre-existing health problems but increase if the pet has pre-existing diseases such as obesity, heart disease, kidney disease, liver disease, diabetes or epilepsy. I understand that pre-anesthetic testing is available to me, and may help screen for pre-existing diseases mentioned above.

Pet Guardian Signature

Date

Telephone Number

Times Available

Please initial the following:

Pre-Anesthetic Blood Work:

- () **Yes.** I elect to have pre-anesthetic blood work done. These tests will cost an additional \$66.00. If significant abnormalities are detected, the veterinarian will call you to discuss options prior to sedating your pet.
- () **No.** I decline pre-anesthetic blood work. I understand there may be an underlying health problem that has not been detected.

PetLink Microchip:

- () **Yes.** I want my pet to receive a PetLink Microchip. Cost is \$62.00 and includes lifetime registration. We will submit the registration for you with the address/ phone number provided.
- () **No.** I do not want my pet to receive a PetLink Microchip.

E-Collar: For most procedures, your pet will be released with an e-collar/ recovery collar to prevent chewing, licking or scratching at the incision area(s). It is very important that you leave this restraint device on at all times for at least 14 days as the incision heals.

() I have read and understand that I am responsible for the above instructions and release Acredale Animal Hospital from any liability for additional treatment(s) and/ or costs my pet may require from non-compliance.

Medications:

Some medications may affect your pet's sedation protocol and/or recovery. Please let us know if you are using any over the counter medications or supplements.

() My pet has NOT received aspirin in the past 10 days.

Current medications: _____