



Kind Veterinary Clinic  
 109 W. Grace Street  
 St Peter, MN 56082  
 507-931-4700

## ANESTHESIA AUTHORIZATION FORM

Client Name \_\_\_\_\_ Client # \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Date of Procedure \_\_\_\_\_

Your pet will be undergoing anesthesia today. We recommend a pre-anesthetic health profile to check for abnormalities, which may not be evident on a physical exam.

The health profile consists of a complete blood count and chemistry panel which assesses organ function and screens for diabetes. Knowing the status of your pet's internal health allows us to make decisions that will provide a safe anesthetic procedure.

If abnormalities are discovered, we will call you to discuss options. We may need to place an intravenous catheter to administer fluids during the procedure or make adjustments in our anesthetic protocol to match the specific needs of your pet. **This panel is an additional cost:**

under 7 years of age \$96.75       7 years or older \$111.80

**Do you want the pre-anesthetic health profile for your pet?**

YES \_\_\_\_\_ NO \_\_\_\_\_

***\*\*\*I understand that in any anesthetic/surgical procedure there is potential risks and release Kind Veterinary Clinic from responsibility for unforeseen complications.***

Kind Veterinary Clinic has my permission to anesthetize my pet and perform the following procedure(s):

|                                       |                               |
|---------------------------------------|-------------------------------|
| ____ Spay/Neuter                      | ____ Dental prophylaxis       |
| ____ Declaw front paws                | ____ Stage 1-2 _____          |
| ____ Mass removal                     | ____ Stage 3-4 _____          |
| ____ Mass removal with histopathology | ____ Sedation grooming        |
| ____ Ear Hematoma                     | ____ Sedation exam            |
| ____ Other: _____                     | ____ Microchip (save \$10.00) |

**Signature of owner or agent** \_\_\_\_\_

**Phone number where you can be reached while your pet is in our care.** \_\_\_\_\_

**DENTAL PROCEDURES:** You will need to be available by phone to discuss extractions and cost while your pet is under anesthesia. If you are not reachable by phone, we will proceed with all extractions we deem to be necessary.

**PLEASE READ EVENING INSTRUCTIONS BEFORE SURGERY:**

Please withhold food after 6:00PM the evening before the procedure, but keep water available. Read the surgery/anesthesia release written above. Indicate yes or no for pre-anesthetic blood screening. Sign the bottom and leave a phone number to reach you the morning of the surgery. Bring this form with you that morning. **DROP OFF TIME is between 7:30 to 8:00AM.**