



Avian Anesthetic Form

I (owner) _____ authorize Poquoson Veterinary Hospital to administer general anesthesia to (pet) _____ for (procedure) _____ to be performed. I do understand that there are inherent risks associated with anesthesia and unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set above. I expect Poquoson Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedures and risks involved has been explained to me and I realize results cannot be guaranteed. I also understand that I may be responsible for additional costs associated with the planned and unplanned events.

PLEASE INDICATE YOUR CHOICES

PREANESTHETIC BLOODWORK (CHOOSE ONE OPTION)

_____ I AUTHORIZE - THE DOCTOR RECOMMENDED BLOODWORK

_____ I DECLINE - THE DOCTOR RECOMMENDED BLOODWORK

_____ BLOODWORK ALREADY DONE

PAIN MANAGEMENT

_____ INITIAL - PVH takes a multimodal approach (combination of different types of medications) to pain management for our patients. We often use combinations of injectable, topical and oral medications to control discomfort. The veterinarian will determine what is best, based on the type of procedure performed, the age and health of your pet.

MICROCHIP

_____ I AUTHORIZE _____ I DECLINE/PREVIOUSLY DONE

Signature of owner/agent _____ DATE ___/___/___

Today's phone number (contact 1) _____

(contact 2) _____