Eagle Animal Clinic

SURGERY AND ANESTHESIA AUTHORIZATION

Owner:	**Pet's Name:**
Procedure:	**Procedure Date:**

Your pet is being admitted for the above anesthetic procedure. Please be assured that the veterinarians and staff of Eagle Animal Clinic will use the safest anesthetics available and that your pet will be constantly monitored throughout the procedure. Regardless of an animal's age or apparent health status, it's important to understand that all anesthetic procedures have an element of risk including, but not limited to stroke or death.

Eagle Animal Clinic will be performing a pre-anesthetic blood test prior to the surgery or procedure to minimize anesthetic risk for your pet. We will also be placing a catheter in your pet's leg to administer intravenous fluids during his or her anesthetic procedure. These tests and procedures are in place to enable us to take the appropriate steps to reduce the risks from otherwise undetected problems.

Complete Blood Panel

For older pets and/or those with pre-existing medical conditions, it is recommended to perform more complete and comprehensive blood testing. There is an additional fee of **$48.00** to run the additional serum chemistries.

Please INITIAL one of the following: Accept ( ) Decline ( ) Blood Work Previously Completed ( )

Microchip Implantation

When your pet is under anesthesia, we can implant a small chip under your pet's skin for permanent identification. The total cost for the implantation procedure, microchip, and the one time registration fee is **$70.00**.

Please INITIAL one of the following: Accept ( ) Decline ( )

If you have selected to have your pet microchipped, did you confirm your address and phone number (for microchip registration purposes) with the admitting nurse: Yes ( ) No ( )

As the owner or authorized agent of the above listed pet, you are authorizing the medical staff of Eagle Animal Clinic to perform the above listed procedure(s) for your pet. Furthermore, you understand that there is no guarantee as to the results or cure of the pet.

Should unexpected life-saving emergency care be required for your pet, and the hospital staff is unable to reach you at the number you provided, the doctor's and/or staff has your permission to provide any and all necessary treatments.

You are agreeing to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications of otherwise unforeseen circumstances, upon completion of the procedure and/or discharge of your pet from the hospital. Any estimate of charges or fees for planned procedures is only the best approximation and cannot be guaranteed.

By signing below, you are indicating that you are at least 18 years of age, have read and understand the Surgery and Anesthesia Authorization, and have had all of your questions and/or concerns addressed to your satisfaction.

_____ _____ _____

Signature of Owner or Authorized Agent **Date** **Today's Emergency Contact Phone Number**

Today's preferred method of contact for a post-surgical update: □ Call: _____ □ Text: _____

□ E-Mail: _____