



# Pocket Pet 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

**INTRAVENOUS/SUBCUTANEOUS FLUIDS**

\_\_\_\_\_ I AUTHORIZE

\_\_\_\_\_ I DECLINE

**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) \_\_\_\_\_