

PERMISSION FOR ANESTHESIA OR SEDATION

I hereby authorize and direct the veterinarians of Liberty Animal Hospital PC to sedate and/or administer anesthesia to my pet for the diagnostic, therapeutic, surgical, dental, or grooming procedure as is necessary for the health and well-being of my pet. This procedure has been explained to me and I understand that administering anesthesia is not without risk to my pet. I also authorize the administration of any vaccines and an intestinal parasite check (if they are due) that may be required for the hospitalization of my pet.

Owner / Authorized Agent Signature: _____

Date: _____

At Liberty Animal Hospital P.C., we are dedicated to offering the highest quality medicine. Since no anesthetic procedure is without risk, we recommend pre-anesthetic blood work prior to any procedure requiring sedation or anesthesia.

Complications during and following anesthesia can help to be avoided if the doctor is aware of any underlying problem such as (but not limited to) anemia, infection, kidney disease, or liver disease. These and other problems may not be evident on a physical exam, but may be detected on blood work prior to anesthesia. Since these conditions can be detrimental to your pet's health, we recommend performing a Pre-Anesthetic Blood Profile, unless your pet has been recently tested or unless you decline these services. This Panel includes a CBC, Pre-Anesthetic, and Blood Clotting Panels.

For patients over 5 years of age, performing a Comprehensive Wellness Blood Profile (CBC + Comprehensive Chemistry + Blood Clotting Profiles + Thyroid Panel) may be preferred. The addition of the Thyroid Panel and Electrolytes are not a requirement for anesthesia. However, it may help to detect an unhealthy thyroid gland (or other problems) not detected with the Pre-Anesthetic Profile.

Check One:

I authorize the recommended Pre-Anesthetic Blood work (\$135.16)

I authorize the recommended Comprehensive Wellness Profile (\$228.80)

My pet has already had blood work in the past 30 days.

I decline the recommended blood work

Signed: _____ Date: _____

PROCEDURAL PERMISSION FOR SURGERY, DENTISTRY, ETC.

I hereby authorize the performance of the following recommended procedures under sedation or anesthesia by the veterinarians of Liberty Animal Hospital PC:

- Spay / Neuter
- Extraction of Deciduous (baby) Teeth
- Excision of Dermal Mass or Masses Location: _____
- Other: _____
- Dental Prophylaxis (Teeth Cleaning)
- Oral Surgery and/or Tooth Extractions
- Periodontal Treatment
- Dental X-rays*

* Recommended because 70% of all dental disease occurs below the gum line.

* The cost for full-mouth X-rays for cats is \$45, for dogs under 80 pounds is \$90, and for dogs 80 pounds and over is \$135. Individual X-rays are \$14 each for dogs and cats.

For Dental Prophylaxis:

We will make every effort to contact you in the event that further problems are detected while your pet is under anesthesia. However, if we can not reach you, please indicate how you would like for us to proceed:

- Do whatever is needed to give my pet a healthy oral cavity.
- Do only what I have authorized. I understand that any additional dental work needed will require another anesthetic episode to complete the dental treatment.

Should an **emergency** arise which calls for procedures in addition to, or different from, those now contemplated, I further request and authorize whatever **emergency** treatment is needed. I consent to the administration and use of anesthesia and I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or otherwise unforeseen circumstances. ***The nature and purpose of the procedure(s), possible alternative methods of treatment, risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. Note: All animals must be up-to date on vaccinations and intestinal parasite check to stay in our hospital for surgery. If a pet is not current, these vaccines will be updated during their stay: For dogs - Rabies, DHPPV, Bordetella; For Cats - Rabies, FVRCP***

I wish to speak with the doctor prior to these procedures today

Please indicate the time of the last meal _____

Signature: _____ Date: _____

Contact number: Home _____ Work _____ Cell _____