



Luv-N-Care Animal Hospital

SURGERY/SEDATION AUTHORIZATION

Owner's Name: _____
 Home Phone Number: _____
 Pet's Name: _____
 Procedure to be performed: _____

I hereby authorize the administration of anesthesia and the performance of the procedure(s) listed above upon my pet by Dr. Singh and/or his associates. I have been advised of the nature of the procedure, and I realize that results cannot be guaranteed. I understand that I assume financial responsibility for all services rendered. Payment is due at the time that services are rendered. I understand that if my pet is in heat, pregnant, nursing, or cryptochid, additional charges may apply based on procedure.

While your pet is under anesthesia, it may be convenient to perform other services for an additional cost. I authorize the below procedure(s) for my pet.

Dental Cleaning
 Ear Flush
 Mass Removal
 Other

Bath
 Toe Nail Trim
 Vaccinations
 Microchip

Advances in medicine have improved the safety of your pet's anesthetic experience. There are conditions which may not be detected on your pet's pre-surgical exam, however, these conditions may increase risks associated with anesthesia. Potential complications of anesthesia can include many problems, even death, and it is important to ensure your pet is in a low-risk category before undergoing surgery. If abnormalities are found, we will call you to discuss results before proceeding with surgery. Should you have any questions or concerns, please ask a staff member for information before the procedure.

BLOODWORK AUTHORIZATION

- LEVEL 1: CBC:**
 Test for anemia, dehydration, and infection in the bloodstream
- LEVEL 2: CBC & MINI PROFILE:**
 Test for anemia, dehydration, liver and kidney function
- LEVEL 3: CBC, FULL CHEMISTRY PROFILE & ELECTROLYTES:**
 Full body profile plus electrolytes
- HEARTWORM TEST:**
 Test for heartworm disease in dogs and cats
- FELV & FIV TEST:**
 Test for the most common retroviral diseases in cats

I DECLINE BLOODWORK TESTING AT THIS TIME, AND I ACCEPT ANY RISK THAT THIS MAY INCUR. Initial _____

I have read and understand the preceding information and authorize surgery or anesthesia on my pet with the additional testing marked above. I understand that if I desire an estimate, I have requested and been furnished with one prior to admission to the hospital.

Owner's Signature (required) x _____ Date _____

Emergency Number (required) _____