

**Northwoods Animal Hospital
Anesthesia and Surgery Authorization Form**

I request that my pet _____ receive the following types of surgery:

- _____ Procedure: _____
- _____ Ovariohysterectomy (Spay)
- _____ Neuter
- _____ Ovariohysterectomy (Spay) and Declaw-front feet only
- _____ Home Again Microchip \$50.50 includes registration

I understand that the requested procedure requires **general anesthesia**. Adequate kidney and liver function is essential for the breakdown and removal of common anesthetic agents from the body. A preanesthetic panel is required for all patients to assist the doctors in determining the appropriate anesthetic drugs. This panel includes:

Chem10 / CBC (Complete Blood Count)

Intravenous (IV) fluids are required during anesthesia as a supportive measure to maintain circulatory volume and to administer medications. To place the IV catheter, a small area will be clipped on one leg.

During anesthesia and surgery, your pet is monitored for heart rate and rhythm, blood pressure, oxygen and carbon dioxide levels and body temperature. A very small area may be clipped on your pet's flank (side) in order to monitor these parameters.

I understand that in order for my pet to receive surgery, he/she must be current on his/her vaccinations. If my pet is not current on these vaccines, I understand that these vaccines will be given to my pet today and I will be responsible for payment.

I, the owner (or agent of the owner) of the pet identified above, certify that I am over the age of 18 and thereby authorize the doctors of Northwoods Animal Hospital to perform the above procedure(s) for my pet. I understand there are always potential risks using anesthesia or performing surgery on an animal. I further understand even with extreme care, possible complications associated with surgery (e.g. cardiac arrest, respiratory arrest and death) may occur. I understand the information present on this surgery form and give permission to proceed with the surgery as well as perform any and all life saving procedures should the need arise. I understand that no guarantee can be made regarding a cure or as to the results that may be achieved from the above procedure(s). Further, I understand I am financially responsible for all costs incurred during surgery, treatment and hospitalization and that payment is due at the time my pet is discharged.

Signature _____ Date _____
Phone number where I can be reached between 9:00 a.m. and 5:00 p.m. the day of surgery _____