

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

I request that my cat _____ receive the following surgery:

- _____ Neuter
- _____ Declaw-front feet only
- _____ Home Again Microchip \$50.50 including registration
- _____ Potty Patch \$9.70

I understand that the requested procedure requires general anesthesia. Adequate kidney and liver function is essential to 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)

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 lifesaving 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