

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

I request that my pet _____ receive the following surgical procedure:

Procedure _____

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 pre-anesthetic panel is required for all anesthesia patients to assist the doctors in determining the appropriate anesthetic drugs. This panel includes:

Chem10 / CBC (Complete Blood Count)

Intravenous fluids via catheter are administered during anesthesia as a supportive measure to help maintain circulatory volume and allow for access to circulatory system in the event emergency drugs need to be administered.

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

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