

Park Animal Hospital

Procedural Authorization

For

Pre-Anesthetic, Blood Screen, Anesthesia, Surgery, and Dental Care

**Please Read Carefully, Complete and Fully and Sign**

Client Name: \_\_\_\_\_ Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure(s) requested today; \_\_\_\_\_

For the safety of your pet, of your pet, we require a pre-anesthesia blood screen for all patients. This screen will give us important information about the "wellness" status of your pet before anesthesia. If the information provided is not within normal limits, the stresses of anesthesia and procedure(s) may Well be postponed to a more "healthy" time for your pet.

**Additionally, Please initial your preferences below.**

1. For your pet's comfort in recovery, I request pain management, as indicated \_\_\_\_\_.
2. My cat is NOT vaccinated for leukemia, I approve a "Leukemia/Aids test". \_\_\_\_\_.
3. My dog is NOT on heartworm prevention, I understand that it will be tested today. \_\_\_\_\_.
4. I would like to have my pet teeth cleaned today. \_\_\_\_\_.
5. I would like to have done. \_\_\_\_\_.

Please note that under certain circumstances, in the interest of your pet, our staff may request additional tests prior to anesthesia. You will be notified prior to their performance, even if it postpones today's scheduled procedure.

Further, I am the owner or agent for the above animal, and have the authority to consent to the above procedures. It is understood that during the performance of the foregoing procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or different procedure (s) than those set forth, in the interest of the health of your pet. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are deemed necessary in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthesia and other medications, and I understand the nature of procedure(s) or operation(s) and the inherent risks involved. I realize that results cannot be guaranteed.

Signature of owner or agent \_\_\_\_\_ Today's Telephones No: \_\_\_\_\_

Signature of PAH Representatives \_\_\_\_\_