

THE DALLES VETERINARY HOSPITAL

Authorization for Medical Procedure under Sedation/Anesthesia

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Medical or surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with sedation/anesthesia and that I am encouraged to discuss any concerns I have about those risks with the assistant or attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the procedure(s) have been answered to my satisfaction.

Check the boxes if you consent to the following OPTIONAL additional considerations at the veterinarian's discretion: \*Costs are additional and may not be indicated on a medical estimate.

- Bloodwork. Blood will be drawn from a vein to be used as a screening tool for the attending veterinarian. Abnormalities in bloodwork will help the veterinarian determine whether my pet is a good candidate for sedation and could determine if a systemic illness is present. There are anesthetic choices that may be indicated by bloodwork. \*Strongly recommended for pets over 8 years of age. \$88.00-\$190.00
Intravenous catheter. An IV catheter will be placed in a vein for direct access to the bloodstream for induction of anesthesia/sedation and use for emergency drugs if necessary. \$32.00
Intravenous fluid support. IV fluids will be provided to my pet during anesthesia and surgery to aid in hydration and stabilization of blood pressure. \$65.00
HomeAgain Microchip-implanted while pet is sedated. \$60.00

I consent to hospitalizing my pet for one night following sedation if the veterinarian deems it necessary. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

I understand that payment is due at time of services and a deposit may be required prior to initiating treatment described on a medical estimate.

Phone Number for TODAY: \_\_\_\_\_

Signature of Owner/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_