Pre-Anesthetic/Pre-Surgical Diagnostic Waiver and Anesthesia Authorization

Clients Name (Print): __<client>, <first-name>_____

 Pet's Name (Print): _<animal>_____

  Our doctors use the safest anesthetic and surgical protocols available to minimize risk to our patients. No anesthetic or surgical procedure, however, is without risk, up to and including death. Although modern veterinary anesthetics are generally considered safe, problems can still potentially occur. We offer a pre-anesthetic blood profile be done prior to administering anesthesia. The importance of these tests is that they help identify patients for whom anesthesia may pose the greatest risk. If your animal is considered a high-risk patient, our veterinarians may deem it necessary. However, pre-anesthetic bloodwork is optional.

  I fully understand the nature of the procedures to be performed and the potential risks involved. I further acknowledge that no guarantee regarding the outcome of any procedures has been expressed or implied by Mulvane Animal Clinic or its agents. I accept full financial responsibility for all services rendered. This may include any charges which arise due to unforeseen treatments needed for the safety and comfort of or any medical or surgical complications incurred.

I understand the risks of both anesthesia and surgery, and I DO/DO NOT WANT A PRE-ANESTHETIC BLOOD TEST for this procedure

             Do _____   Do Not_____

  If you DO want pre-anesthetic bloodwork done, please indicate which option you prefer below:

    Pre-surgical blood panel ($45)   _____
    Complete blood panel ($95)   _____

With any surgical procedure, a certain degree of pain/inflammation is to be expected. If the attending veterinarian deems analgesic prophylaxis necessary, an injectable pain medication may be given at an additional cost of $15 for cats, $25 for dogs under 50 pounds, and $45 for dogs greater than 50 pounds.

       Check yes or no: **Yes _____   No_____**

  I have read and understand the above information. I authorize the use of anesthesia for this procedure.

    Signature: _____ Date: <date>_____