

GRAND ISLAND

VETERINARY HOSPITAL

Authorization for Anesthesia/Surgery

Client Name: _____

Pet Name: _____

Surgical Procedure: _____

Date of Procedure: _____

Base price for today's procedure will range from _____ to _____ including anesthesia.

To minimize the risk associated with anesthesia and surgery, GIVH requires a **pre-anesthetic blood panel**. This simple blood test helps us to determine if there may be any medical conditions not apparent on a physical exam such as, elevated liver and kidney values, dehydration, diabetes, anemia, abnormal electrolyte values, blood clotting abnormalities, and internal infections.

IV Fluid administration while under anesthesia is **REQUIRED** for all animals over the age of 5, as well as all brachiocephalic (bulldogs, etc.) and patients undergoing an extensive procedure. This is important for blood pressure support and hydration. It also allows us to intervene quickly in times of complications.

For all animals under the age of 5, GIVH offers the option to give your pet **subcutaneous fluids**, to help with hydration post operation.

Yes, I would like my pet to receive subcutaneous fluids. **No**, I do not want my pet to receive subcutaneous fluids.

Heartworm and Feline Leukemia/Feline Immunodeficiency Viruses are very serious risks to your animal's health and may become life-threatening when given an anesthetic. **Heartworm** and **FIV/FeLV** testing is HIGHLY RECOMMENDED to animals over a year in a yearly preventative program.

Yes, I would like my animal tested for Heartworm or FIV/FeLV. **No**, I do not want my pet tested for Heartworm or FIV/FeLV.

Microchipping is a great way to ensure that if your pet gets away from you, he/she has the best chance to be returned to you. This is a permanent way to be able to identify your pet.

Yes, I would like my pet microchipped. **No**, I do not want my pet microchipped.

GIVH is proud to offer **Laser Treatment** to all animal's post operation. This helps create an efficient healing process, as well as help with blood flow to the affected area.

Yes, please perform laser treatment on my animal. **No**, please do not perform laser treatment on my animal.

I, being responsible for the above animal, authorize the Grand Island Veterinary Hospital staff to perform the listed surgical procedures and services under anesthesia as deemed proper by the doctor in the clinic.

I understand:

1. No assurances or guarantees can be ethically or professionally made regarding the results of surgery or treatments.
2. All responsible efforts against injury, escape, or the demise of the animal will be utilized by the clinic. In that light, GIVH will not be held liable or responsible in any manner on account of the care, treatment, or safekeeping of the animals described above.
3. If my pet is not up-to-date on vaccines, vaccinations **WILL** be given at the time of procedure to protect my pet and will be charged to my bill.
4. If my pet has any remaining baby (deciduous) teeth adjacent to the adult tooth, it will be extracted while under anesthesia. I will be charged for that service at a rate of \$10/tooth.
5. If there are any internal or external parasites found on my pet, treatment **WILL** be administered accordingly and will be charged to my bill.
6. I am responsible for the charges that will be incurred in the treatment of this animal. I understand those charges must be paid in full prior to taking my pet home.
7. I am 18 years or older and can legally sign consent forms.

Signature: _____

Date: _____

Printed Name: _____

PH#: _____ CALL / TEXT