

**WESTWOOD VETERINARY CLINIC
GENERAL ANESTHESIA**

Date _____

Owner's Name _____

Cell Phone Number _____ Emergency Number _____

Pet's Name _____ Canine _____ Feline _____

Breed _____ Color _____ Male _____ Female _____

AUTHORIZATION TO PROVIDE CARE FOR ELECTED PROCEDURE(S):
CASTRATION/NEUTER () OVARIOHISTERECTOMY/SPAY () DENTAL ()
TRANQUILIZATION/SEDATION () OTHER: _____

I _____, (The Owner) or authorized agent of the owner of _____ (PETS NAME), authorize and direct the veterinarians of Westwood Veterinary Clinic, and/or their assistants to perform the services described above and all procedures, diagnostic, treatment, and/or administration of medication within the accepted veterinary guidelines, as deemed advisable and/or necessary for my pet. Westwood Veterinary Clinic will take every responsibility and action to ensure the success of _____ procedure.

I understand the possibility of death, as a severe complication of surgery, anesthesia, or any other procedure does exist. I am aware that these procedures are performed as a precaution; preliminary blood work, monitoring the pet while it is in surgery and providing nursing recovery care until pet goes home. I understand that the pet is to fast 10 hours prior to be anesthetized. There is no guarantee nor can one be made as to the results of any therapy. I understand that Westwood Veterinary Clinic may not be present overnight; only during office hours. If I neglect to pick up the pet within 7 days of above, you are to assume that the pet has been abandoned and you are authorized to dispose of the pet, as you deem best. A deposit may be necessary or all fees may be due upon release of patient. I fully understand the terms of this agreement and do authorize the hospital staff to perform the above indicated services on my pet. It is also agreed that if I do not pay this account as agreed, that past due accounts are subject to costs of collection, including attorney's fees.

ENDORSEMENT _____

**GENERAL ANESTHESIA
CHEMISTRY PROFILE
CBC AND
ELECTROCARDIOGRAM**

ANESTHESIA CARRIES SOME RISKS (EVEN THOUGH IT MAY BE SMALL). THEREFORE, BLOOD TESTING IS RECOMMENDED BEFORE GENERAL ANESTHESIA.

LIVER AND KIDNEYS REMOVE THE ANESTHETIC AGENTS FROM THE BODY.SO IT IS IMPORTANT TO KNOW BEFORE ANESTHESIA IS ADMINISTRATED THAT THESE ORGANS ARE FUNCTIONING AT 100%, BLOOD WORK HELPS US MAKE THIS DETERMINATION.IF THERE IS ANY INDICATION OF DISFUNCTION, THEN APPROPRIATE STEPS CAN BE TAKEN TO ENSURE THE SAFETY OF YOUR PET. AS WELL, AN ELECTROCARDIOGRAM IS RECOMMENDED TO ENSURE THE WELL BEING OF YOUR PET.

WE MAY HAVE ALREADY RECOMMENDED THESE PROCEDURES. IF NOT, YOU CAN ELECT THESE TESTS TO BE PERFORMED BY WRITING YOUR INITIALS IN THE APPROPRIATE BOXES BELOW.

IF THERE IS ANY INDICATION OF ABNORMALITIES, OUR CLINIC WILL EITHER CONTACT YOU BEFORE PROCEEDING OR TAKE THE STEP NECESSARY TO HELP ENSURE THE SAFETY OF YOUR PET.

- **FEE FOR CHEMISTRY PROFILE -----\$67.00**
() YES, I WANT MY PET TO HAVE A PRE-ANESTHETIC BLOOD SCREENING.
() NO, I DO NOT WANT A PRE-ANESTHETIC BLOOD SCREENING PERFORMED.

- **FEE FOR CBC TEST -----\$ 38.00**
() YES, I WANT MY PET TO HAVE A CBC TEST.
() NO, I DO NOT WANT A CBC TEST PERFORMED.

- **FEE RADIOLOGY TWO VIEWS -----\$120.00**
() YES, I WANT MY PET TO HAVE A RADIOLOGY STUDY.
() NO, I DO NOT WANT A RADIOLOGY STUDY.

- **FEE FOR ELECTROCARDIOGRAM ROUTINE TEST ----- \$183.99**
() YES, I WANT MY PET TO HAVE AN ELECTROCARDIOGRAM ROUTINE TEST.
() NO, I DO NOT WANT AN ELECTROCARDIOGRAM TEST PERFORMED.

- **FEE FOR PT/PTT TEST (COAGULATION PANEL) -----\$ 85.00**
() YES, I WANT MY PET TO HAVE A PT/PTT TEST.
() NO, I DO NOT WANT A PT/PTT TEST.

SIGNATURE _____

DATE _____