

# Zebulon Animal Hospital

1403 North Arendell Ave | Zebulon, NC 27597  
(919) 269-4500 | Fax: (919) 269-4426

## Anesthesia Authorization

Client's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_

Procedure to be performed \_\_\_\_\_ Date \_\_\_\_\_

Advances in anesthesia have made elective procedures safer with a low rate of anesthetic complications. However, complications can arise because of pre-existing conditions not evident during previous examinations. In order to evaluate your pet's current health status, a doctor will perform a pre-anesthetic examination. In certain rare circumstances a condition may exist that is not evident on physical examination or pre-anesthetic screening, which could result in an anesthetic complication. We recommend all patients undergoing anesthesia have an intravenous catheter placed to allow for administration of fluids during the procedure (to help support blood pressure) and to facilitate emergency treatment if needed. Pain relief medication will be administered in hospital and dispensed for use at home at the discretion of the doctor.

We recommend pre-anesthetic screening prior to all anesthetic procedures. This information helps us know whether we need to take additional precautions with your pet or postpone the procedure pending treatment. We have designated the appropriate pre-anesthetic testing for your pet's age and health status:

- PAL Basic (Pets < 7 years of age)
  - Mini-blood chemistry profile (CBC and Small Panel ) \$65.00
  - Red blood cell count (packed cell volume) and plasma protein measurement
- PAL Plus (Pets > 7 years of age)
  - Blood chemistry profile (CBC and Large Panel) \$85.00
  - Red blood cell count (packed cell volume) and plasma protein measurement
- PAL Basic/Plus/Comprehensive (circle) already completed on \_\_\_\_\_
- I decline the above recommended testing \_\_\_\_\_ (initial)
  
- I would like a catheter placed during surgery \$30.00
- I decline catheter and fluid placement during survey \_\_\_\_\_ (initial)

Has your pet had access to food since 10 p.m. yesterday? Yes \_\_\_ No \_\_\_

As owner or representative owner, I authorize anesthesia and the above precautions for my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_