

Sedation Authorization

Animal Hospital of Boone
2773 Hwy 105 South
Boone NC 28607

Date: _____

Owner: _____

Pet Name: _____ Pet's Age: _____

Your pet will receive a preoperative physical examination to ensure he/she is a good candidate for the procedure. The procedure is performed under general anesthesia, and the recovery is generally uneventful, the hospital stay is short, and aftercare is minimal. As you know we will use every precaution to ensure your pet's safety during anesthesia and surgery. I also understand that if my pet has any fleas or intestinal parasites, they will be given medication to remove said parasites while in our hospital area.

Wellness Questionnaire (Please Initial either yes or no)

_____ is _____ old. We require any animal over 7Y to have pre-anesthesia bloodwork before sedation unless there is current bloodwork within three months.

If your pet is under the age of 7Y do you want this bloodwork to check kidney, liver, sugar, RBC, WBC, and dehydration values? (\$80 charge)

YES _____ NO _____

Has your pet had any history of asthma, exercise intolerance, cough, or open mouth breathing?

YES _____ NO _____

If yes, please list: _____

Is your pet on any medications, supplements, or home remedies?

YES _____ NO _____

If yes please list: _____

Does your pet have **any** known or suspected illnesses or medical problems?

YES _____ NO _____

If yes, please list: _____

We recommend any animal undergoing anesthesia receive anti-nausea medications to aid with post operative recovery. Would you like your pet to receive this? (38\$)

YES _____ NO _____

Would you like to have your pet microchipped while in surgery (\$45 fee)?

YES _____ NO _____

I certify that I am the owner, or duly authorized agent for the owner, of the animal presented today, and that I give Dr's. Johnson, van der Westerhuizen, Watson, Palmer, and Chesnutt full and complete authority to perform the surgical procedure described above. Further, I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia and surgery involve some minimal risk to my pet, and I will not hold the doctors and staff responsible under any circumstances. I assume all risks.

(Date)

(Signature)

Primary Contact Number

Emergency Contact Number