

Shelter Island Veterinary Hospital
1270 Scott Street
San Diego, Ca 92106
619-222-0597

Patient (Animal): _____

AUTHORIZATION TO PERFORM ANESTHESIA AND/OR SURGERY

I, the undersigned, owner or authorized agent of the owner of the animal being admitted hereby authorize the **Shelter Island Veterinary Hospital's** clinician(s) and whomever they may designate as assistant(s) to administer such anesthetics to perform such procedures deemed necessary. I hereby acknowledge that I fully understand this authorization to perform anesthesia and/or surgery, the reason why this procedure is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment, if any, which were explained to me by the clinician(s) and/or assistant(s). I also acknowledge that no guarantees have been made as to the results that may be obtained I realize that with any anesthetic or surgical procedure death or serious complications may result. Further, I assume financial responsibility for all charges associated with the anesthetic and/or surgical procedures.

Or, in other words:

- I understand what the **Shelter Island Veterinary Hospital** clinician plans to do and why.
- I understand that there are risks involved including death.
- I understand my alternatives and their consequences.
- I authorize the clinicians or their assistants to do the procedure and take care of any unexpected problems that may come up during the procedure.
- I will pay for the services provided.

(Signature of Owner/Owner's Agent)

(Please print your name here)

(Date)

Phone number(s) at which you can be reached: _____

AUTHORIZATION FOR PRE-ANESTHETIC BLOOD SCREEN

Because your pet may have internal organ dysfunction without any outward signs of disease, it is advisable to perform pre-surgical blood tests before surgery. We recommend these tests in order to assess your pet's ability to undergo anesthesia and surgery as well as to help choose an appropriate anesthetic. You may elect to have this testing preformed by checking the appropriate box below. The hospital is fully equipped to perform these tests and results are available to us before surgery begins. If there is any indication that an abnormality exists, we will either contact you before proceeding or take the necessary steps to minimize the risks to your pet.

ALL PERSONS ADMITTING AN ANIMAL FOR SURGERY MUST CHECK ONE BOX

- YES I want my pet to have a Pre- surgical Blood Screen
- NO I understand the risks of both anesthesia and surgery and do not want a Pre-surgical Blood Screen for my pet.

Signature: _____

Date: _____

Witness: _____