

SURGERY & ANESTHESIA AUTHORIZATION

I hereby entrust Frontier Veterinary Hospital (FVH) to care for my pet during his/her surgery stay. I am the owner, or a representative of the owner, of the animal presented and have the authority to execute this consent. I have been advised as to the nature of the procedure to be performed and the risks involved. I understand the doctors and staff will use all reasonable precaution against the injury and/or death of my pet, and I hereby consent and authorize this hospital to perform the requested anesthesia and surgical procedures. I understand that I must furnish phone number(s) where FVH can reach me or a contact person whom I have authorized to make medical decisions.

Procedures requiring anesthesia are time-sensitive and provide a narrow window of time in which to reach you. **For your pet's safety, please list where you or your agent can be reached without delay.**

Name of contact person: _____ This person is: Owner Authorized agent

Phone Number(s): _____

In the event you or your authorized contact person are not reachable, would you prefer us to proceed with any additional recommended treatment? Please initial your preference:

_____ **Yes, please proceed** with additional treatment.
I understand that there will be additional charges for further treatments.

_____ **No, please do not proceed** with any treatment beyond the initial treatment plan, unless my pet's safety requires it.

Blood testing is required within the last 2 months for pets 7 years or older, and within the last 12 months for pets under 7 years of age. I understand that blood work is an important aid in determining my pet's health, but does not guarantee a more successful surgery.

Pet's Name **Age** **Last Blood work** Bloodwork is current.

_____ _____ ____/____/____ Bloodwork is not current, and is required at this time (add'l fee).

Standard pickup time is usually between 4-7 pm. We will do our best to accommodate your requested pickup time but due to the nature of hospital operations and anesthesia recovery this may not always be possible. Please provide the earliest and latest times you are able to pick up your pet:

Earliest time: _____ Latest time: _____

(the earliest available time is 2:00 pm)

(the latest available time is 7:30 pm)

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater dimensions than anticipated, the price may be higher.

Signed: _____
Signature
Print name
Date



ANESTHESIA QUESTIONNAIRE

Please complete the morning of your pet's procedure.

Pet's Name _____ Owner's Name _____ Date _____

Has your pet eaten in the last 8 hours? _____

Has your pet been ill recently? If so, please describe the symptoms and indicate date/time of last symptoms.

Do you have any other questions or concerns you would like the doctor to address?

Are there any additional services you would like us to perform while your pet is in the hospital (charges may apply)?
