



**Animal Wellness and Healing Center  
Authorization for Anesthesia and/or Surgery**

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone No. (Best number to contact you today): \_\_\_\_\_  
 List of Medications given past 24 hours: \_\_\_\_\_

The following is the anesthetic/surgical procedure(s) to be performed:

Routine Spay/Neuter  Declaw  Dental Cleaning (+/- Ext)  Mass Removal   
 Other Procedure (s): \_\_\_\_\_

I, the undersigned, owner of the pet identified above, authorize the veterinarian(s) at Animal Wellness and Healing Center to perform the above procedure(s) for my pet. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that some risks and potential complications exist or can occur during or after anesthesia and/or surgery. I am aware that unforeseen problems can occur due to preexisting conditions which are not made evident during routine histories and physical examination. I am aware that appropriate pain control is important and if advised by veterinarian, will be given to my pet and will be dispensed after surgery. To minimize concerns, I agree that my pet be screened prior to surgery by means of pre-surgical exam and diagnostic test(s) indicated below:

\_\_\_\_ Bloodwork (Young/Adult <7yrs)                      \_\_\_\_ Heartworm Test (Canine)  
 \_\_\_\_ Senior Bloodwork (> 8 years old)                      \_\_\_\_ FELV/FIV Test (Feline)  
 \_\_\_\_ Bloodwork Current within 30 days  
 \_\_\_\_ Chest X-rays (if indicated)

I authorize other recommendations to Alleviate Pain, Minimize Complications, and Speed Up Healing Process:

Accept      Decline  
 \_\_\_\_      \_\_\_\_ Use Surgical Laser During Procedure                      \_\_\_\_ E-collar    OR    \_\_\_\_ T-Shirt  
 \_\_\_\_      \_\_\_\_ Perform Therapy Laser to Surgical Site after Surgery  
 \_\_\_\_      \_\_\_\_ Cerenia Injection (Pre-med) to Decrease Nausea after Surgery/Anesthesia  
 \_\_\_\_      \_\_\_\_ Calming Medication/or Products Post-Op

I also authorize or request following procedures/medication refills for my pet (additional cost):

PROCEDURE(S)	YES	NO	REFILL (s)	YES	NO
Dental Cleaning			Heartworm Prevention		
(Call Before Dental X-ray)	____	____	Flea/Tick Prevention		
(Call Before Dental Extractions)	____	____	Shampoo/Ear Cleaner/Wipes		
Nail Trim (\$20)			Probiotics for Stress from Surgery		
Anal Gland Expression (\$25)					
Ear Cleaning (\$16.75)					
Remove Skin Tags					
Biopsy (Mass Removal)					
Microchip (\$48)					
Vaccines					

I authorize the staff to **perform** \_\_\_\_ **do not perform** \_\_\_\_ necessary procedures and/or resuscitation including CPR should unexpected life-saving emergency care arise. Regardless of my pet's survival, I agree to pay fee in addition to the other fees necessary to perform such procedure.

I agree to pay and assume financial responsibility for the surgery performed including all procedures I requested, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

I have discussed all my concern(s) with staff regarding the procedure and I have read and fully understand the terms and conditions set forth above.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_