

HOLDREGE VETERINARY CLINIC
2201 4TH AVE. HOLDREGE, NE 68949
308-995-6591

Authorization for Feline Anesthesia and Surgery

OWNER NAME: _____ PET'S NAME: _____

PROCEDURE: _____ DATE: _____

I authorize the veterinarian and whomever they may designate as their assistants to perform the above procedure under general anesthesia and give my permission to perform any additional procedure or diagnostic test that may be necessary for the safety of my pet.

I also understand that there are risks involved with anesthesia and this procedure and that the possibility of complications has been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I also understand that The Holdrege Veterinary Clinic is not staffed twenty-four (24) hours a day and after hour treatment of patients is at the discretion of the veterinarian. I also understand that I assume financial responsibility for all services rendered and is due at the time of discharge.

Signature _____

Recommended Pre-Anesthetic Blood Profile / Heartworm Antigen Testing

	CIRCLE ONE
Would you like to have a <u>Pre-Anesthetic Blood Test</u> performed on your pet prior to sedation/anesthesia? This test helps to identify common problems (kidney disease, liver disease, diabetes, and/or dehydration) that may not be detected on physical examination to help limit risks to sedation/anesthesia.	YES/NO

Would you like to have a Feline Leukemia/FIV test done on your pet today? YES/NO

Sedation/Anesthesia Questionnaire

Was your pet held off food overnight? YES/NO

Is your pet on any medications? YES/NO

If so, which medications is your pet on? _____

When was the last dose given? _____

It is recommended that all patients have at least 2 series of vaccinations prior to anesthesia.

*****Pain medications will be administered to your pet by hospital staff during and after surgery. Pain medications may also be sent home to ensure continued comfort for your pet.*****

I may be reached today at Phone # _____