



**North Haven Animal Hospital & North Colony Animal Hospital**  
 386 Washington Ave  
 North Haven, CT 06473  
 (203)239-5365  
*Lewis. E Jolly, DVM James T. Wells, DVM Jennifer L. Loquine, DVM*

330 North Colony Rd  
 Wallingford, CT 06492  
 (203)284-9366

## ANESTHESIA/SURGERY AUTHORIZATION FORM

Pet's Name: \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_

Last Name, First Name: \_\_\_\_\_

Phone number(s) where you can be reached today: \_\_\_\_\_

I certify that I am the owner/caretaker of the above named pet and I hereby authorize North Haven Animal Hospital/North Colony Animal Hospital to care for the animal by performing the procedure(s) listed here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING AND MARK APPROPRIATELY:**

**1) Intravenous catheter/intravenous fluids:** Recommended for all anesthetic procedures. When in place, an intravenous catheter allows us to administer fluids intra-operatively which helps control blood pressure changes that are possible with anesthesia, as well as to rapidly administer medications in the event of an emergency. **Required for all patients > 10 years. The cost of this is an additional \$92 (unless already included in your estimate).**

I accept       I decline

**2) Pre-Anesthetic Blood Profile:** There is an inherent risk to any anesthetic. We recommend blood work be performed prior to all anesthetic procedures in order to asses if anesthesia can be tolerated and/or which anesthesia drug will work best. **Required for all patients over the age of 10 yrs. The cost of this is an additional \$54 (unless already included in your estimate).**

I accept       I decline

**3) Fleas:** Pets entering the hospital with fleas will be treated **at the owner's expense**. Fleas are easily transmitted between patients. Any pet with fleas admitted into our hospital could spread fleas to our other patients. **The cost of this is \$12.**

I understand these terms

**4) Vaccinations:** Required vaccines for admittance: Dogs-DHPP- CO, tracheobronchitis and rabies; Cats-FVRCP and rabies. **Cost varies depending on which vaccines are needed.**

I understand these terms

*I hereby consent to and authorize the performance of the procedure(s) listed above. I understand that during the performance of this procedure(s), unforeseen conditions may occur. While North Haven Animal Hospital/North Colony Animal Hospital will do everything possible to avoid these, I have been made aware of the possible complications and risks. I understand that no sedative or anesthetic is risk free. Should an emergency arise calling for procedures in addition to those planned for today I authorize emergency treatment. I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. With this knowledge, I hereby authorize North Haven Animal Hospital/North Colony Animal Hospital to anesthetize the above mentioned animal. I also release the staff of North Haven Animal Hospital/North Colony Animal Hospital from any and all claims.*

**All fees for services are due before the patient is released.**

\_\_\_\_\_  
**Signature of owner/caretaker**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**