



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