



Animal Hospital at Oakleaf Plantation

8483 Merchants Way Jacksonville, FL 32222
(904) 317-6555 Fax (904) 317-6999

Authorization for Surgery or Anesthesia

_____	_____	_____
Owner	Patient	Date

Procedure(s): _____

Your pet is scheduled for anesthesia/surgery. In order to minimize the risk associated with anesthesia, we recommend blood work prior to anesthesia. These tests can be performed in our office prior to the procedure. In addition, these tests will serve as reference values for future use if your pet were to become ill.

Minimum Pre-Op blood work: HCT, BUN, ALT 35.00 _____

Basic Pre-anesthetic Blood work: CBC w/diff, BUN, ALT, ALKP, Creatnine, Glucose, Total protein 65.00 _____

Complete Screen (recommended for animals over 6 years): CBC W/Diff, General health Profile and electrolytes 95.00 _____

I wish for my pet to receive pain medication to decrease the discomfort of surgery at an additional cost of \$25.00. _____

If your pet is in heat, pregnant, or has recently been nursing there will be and additional charge to spay your animal. _____

I am the owner or agent for the owner of the described animal and have the authority to execute this consent. I understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery. Any medication or supplies will be at an additional charge.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthesia, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

We recommend all anesthetic patients to have an IV catheter placed prior to surgery at an additional charge of \$20.00. This provides for quick access for medications during the procedure.

I Accept _____ I Decline _____

Signature Of Owner Or Agent

Phone Number For Today

I have elected to refuse the pre-op blood work at this time and request that you proceed with anesthesia. I understand there is always a potential risk with anesthesia.

Signature Of Owner

