

ANDERSON ANIMAL HOSPITAL & WELLNESS CENTER
60 Marion Street, Winnipeg, Manitoba R2H 0T1 (204) 237-4555
AUTHORIZATION AND CONSENT FOR SURGERY/ANESTHESIA

Client Name _____ Patient Name _____

Admit Date _____ Admit Time _____ AM/PM Admitted By _____

I, the undersigned owner and/or responsible agent of the patient above hereby authorize the veterinarians and veterinary staff of Anderson Animal Hospital & Wellness Center to perform the following procedures and/or treatments _____. I also consent to the administration of such anesthetics as are necessary.

Initial _____

Disorders of the liver, kidneys or blood are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. Therefore, we strongly recommend pre-anesthetic blood screening. We recommend the following testing for your pet prior/in addition to the above procedure:

☐ **Dogs/Cats 7 years and under – \$147.20**

Complete laser-5 part blood count (white and red cells, platelets); kidney and liver function test, diabetes screen, and protein and electrolyte panel.

☐ **Dogs/Cats 8 years and over – \$249.50**

Complete laser-5 part blood count (white and red cells, platelets); same as above plus complete chemistry profile (15 additional tests, which indicate the function of major organs and overall health status).

☐ Having read and understood the above information, I **decline** any pre-anesthetic blood screening and hereby release Anderson Animal Hospital & Wellness Center from any and all responsibility as a result of this decision.

I understand that if surgery is performed, some degree of risk is inevitable, and it is not possible for the hospital, its staff or employees to guarantee a successful outcome of any medical or surgical procedure. Furthermore, I understand that during and following the performance of the procedure(s) that I have authorized, unforeseen conditions may arise from unexpected events beyond the veterinarian and hospital's control. In the event that a life-threatening condition should develop and we are unable to contact you, we will proceed with any and all life-saving measures deemed appropriate in the professional opinion of the supervising veterinarian. By signing below, you are authorizing Anderson Animal Hospital & Wellness Center to proceed and you accept full financial responsibility for the above mentioned procedure and for any additional emergency services should they be necessary.

Initial _____

I have read and understood this authorization and consent.

Signature of owner/responsible age

Phone numbers I can be reached at today