



METAIRIE SMALL ANIMAL HOSPITAL

504-835-4266

Hospitalization/ Surgery/ Anesthesia Authorization

Owner's Name _____ Today's Phone _____

Pet's Name _____ Species _____ Breed _____

I am the owner (or agents of the owner) of the animal described above. I hereby authorize Metairie Small Animal Hospital to perform such diagnostic, therapeutic, anesthetic, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results of cure. In the event that my animal should, for some unforeseen reason, injure itself, fail to eat, become ill or die, I will not hold Metairie Small Animal Hospital and its employee's responsible. I expect that reasonable precautions will be used to insure the animal's safety and well-being while in the hospital's care and agree to pay them in full at the time of discharge.

I also authorize the professional staff to provide veterinary services as requested or in an emergency to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised.

Signature _____ Date _____

Screening PreAnesthetic Release

In order to evaluate your pet's basic physiological condition, we highly recommend preanesthetic testing prior to all procedures requiring anesthesia, particularly in animals over six years old. The preanesthetic profile will help us to know if we need to take extra precautions with your pet and will help us determine the safest anesthesia. It may indicate that we should avoid a procedure altogether until a discovered problem can be corrected. The profile is not a guarantee against problems, but will certainly help us deal with a problem should it arise.

0 – 6 year old animals PCV, TP, BUN, SGPT, Glucose

6+ year old animals PCV, TP, BUN, SGPT, Glucose, 3 lead Electrocardiogram

I have read the above statement and Approve the appropriate Preanesthetic Screen

Signature _____ Date _____

I have read the above statement and do not want the Preanesthetic Screen

Signature _____ Date _____

Please note additional services you would like performed while your pet is under anesthesia.

- Dental Prophylaxis Express Anal Sacs AVID Microchip for Identification Clean Ears Nails Trimmed
 Growths Removed – Please note location _____
 Other _____