



## Hospitalization / Surgery / Anesthesia Authorization Form

Owner's Name: \_\_\_\_\_ Today's Contact #: \_\_\_\_\_

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 or 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 it's employees responsible. I expect that reasonable precautions will be used to ensure 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: \_\_\_\_\_

### PreAnesthetic Screening 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 6 years old. This profile will help us to know if we need to take extra precautions with your pets and will help us determine the safest anesthesia protocol. It may indicate that we should avoid a procedure all together 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.

**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: \_\_\_\_\_

### Post-Surgical Laser Therapy

We recommend Laser Therapy be performed on surgery sites to help manage pain and improve healing. This is done immediately following the surgical procedure. The cost of one Laser Therapy treatment is \$15.00.

Yes, I would like Laser Therapy performed. Signature: \_\_\_\_\_

### Additional Services

\_\_\_ Dental Propy    \_\_\_ Express Anal Glands    \_\_\_ Microchip for Identification    \_\_\_ Trim Nails

\_\_\_ Clean Ears    \_\_\_ Remove Growths—please note location: \_\_\_\_\_