



**GEM**  
Veterinary+Clinic

**ANESTHESIA/ SEDATION/ PROCEDURE AUTHORIZATION AND CONSENT**

Client name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Client Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Procedure(s): \_\_\_\_\_

**Please initial after each statement below:**

I hereby consent that I am the owner/ agent of the above animal and have the authority to execute this consent. I further understand that during the performance of the foregoing procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s). Therefore, I hereby consent to and authorize the performance of such procedures(s) that are necessary and desirable in the exercise of the veterinarian's professional judgement. I have also been advised as to the nature of the procedure(s) and the associated risks involved. I understand that results cannot be guaranteed \_\_\_\_\_

I understand that unforeseen conditions may be revealed during the process that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. \_\_\_\_\_

I understand that I assume financial responsibility for all services rendered. \_\_\_\_\_

All anesthetic procedures include a physical exam, IV catheter and anesthetic monitoring. The cost for these services is included in the cost of the above described procedure.

**Pre-Anesthetic Blood work**

There are certain risks involved with any anesthesia or surgical procedure. Many conditions may not be detected upon routine examination such as disorders of the liver, kidneys and blood. Laboratory testing can reveal unforeseen conditions and allow proper measures to be taken prior to any such procedure.

**The additional cost for this test is \$110. Initial here if you would like this test performed** \_\_\_\_\_

**Please circle any additional services needed while your pet is with us:**

Vaccines      FeLV/FIV test      Check ears      Microchip      Pedicure      \*Flea treatment

\* I understand that for the safety of the other pets in the clinic, if fleas are seen on my pet he/she will be treated and I will be financially responsible for the treatment cost \_\_\_\_\_

**I have read and understand this authorization.**

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_