

Singing River Animal Clinic, PLLC
18156 Hwy 26 West, Lucedale, MS. 39452
601-947-4066

Anesthesia Authorization

Pet's Name: " _____ age _____ Client's Name: _____

****If your pet may climb fences or dig out of a fenced in yard,
please notify receptionist at check-in****

Advances in anesthesia have made elective procedures safer, with a low rate of anesthetic complications. However, complications can arise because of pre-existing conditions not evident during previous examinations. In certain rare circumstances a condition may exist that is not evident on physical examination or pre-anesthetic screening, which could result in an unforeseen anesthetic complication. Patients will be monitored during and after anesthesia.

Pre-anesthetic screening is recommended for pets 0-8 years and required for all pets over the age of 8.

This information helps us know whether we need to take additional precautions with your pet or postpone the procedure pending treatment. We have designated the appropriate pre-anesthetic testing for your pet's age and health status:

- **Pre-Anesthetic Labwork – includes the following basic blood tests:**
- Mini-blood chemistry profile
- Red blood cell count (packed cell volume) and plasma protein measurement

- **Would you like us to perform the recommended pre-anesthetic lab work** \$48.00 Y__N__
- **Would you like to have a microchip implanted while under anesthesia today?** \$43.00 Y__N__
- **Has your dog or cat had access to food since 10:00 p.m. yesterday?** Y__N__
- **Is your pet currently on a monthly heartworm and/or flea preventative?** Y__N__
- **If not, would you be interested in learning more about why your pet needs preventatives?** Y__N__
- **To your knowledge is your female pet either in heat or possibly pregnant?** Not Sure ____ Y__N__
- **If your pet is pregnant, do you want to preserve the pregnancy or continue with the spay?** Y__N__

- **Under Mississippi State Law all pets must be current on Rabies vaccine.**
If no proof can be provided, we will administer at the time of surgery UTD__Y__N__
- **If your pet is not up-to-date on all vaccines, would you like to update them?** UTD__Y__N__
- **If your pet is here for a mass removal, would you like for us to send off a histopath** Y__N__N/A

As owner or representative of owner, I authorize anesthesia for the following **surgical procedure(s)**:

(list all procedures requested) and the above precautions for my pet.

If your pet is exhibiting external parasites it will be treated at owner's expense Initial _____

Signature: _____ Date: _____

Phone # at which you can be reached: _____

Would you prefer to be called or texted with updates and questions? _____