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:

- **Would you like us to perform the recommended pre-anesthetic lab work $60.00 Y___N____**
- **Would you like to have a microchip implanted while under anesthesia today? $43.00 Y___N____**
- **Would you like an e-collar for your pet to go home? $13-20 depending on size Y___N____**
- **Would you prefer *liquids* or *tablets* for your take home pain medication? ___Liquid ___Tablet**
- **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____**
- **To your knowledge is your female pet either in heat or possibly pregnant? NA/ Not Sure___ Y___N____**
- **If your pet is pregnant, do you want continue with the spay? N/A ___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 for analysis?** N/A__ Y__ N___
- ***If your pet is exhibiting external parasites it will be treated at owner's expense*** Initial _____

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**.**

Payment is due at time of service for ALL elective surgeries and procedures.

Signature: _____ Date: _____

Print Name: _____Phone #: _____

Would you prefer to be called or texted? _____