



Authorization for Sedation/Anesthesia

Thank you for entrusting Chelsea Animal Hospital for your pet's procedure. We would like to offer your pet these optional services while he/she is under anesthesia. **Please circle and initial the services you would like to approve or deny.**

****We require Pre-Anesthetic Bloodwork and IV Catheter for ALL procedures under anesthesia****

Pre-Anesthetic Bloodwork- checks values in your pet's blood prior to any anesthesia or procedures that are performed. Includes: Complete Blood Count, Kidney Function, Liver Function, Blood Glucose, Electrolytes and Protein levels. **Initial** _____

Intravenous Catheter (IV Catheter) - allows direct access to the vein in the event that medication is required. It also allows your pet adequate hydration and maintains appropriate blood pressure during your pet's procedure. **Initial** _____

Histopathology- recommended for all masses. Tissue will be sent to the lab for identification (multiple tissues will be an additional charge). **Yes / No Initial** _____

Location of mass(es): _____

Micro-chip - this will permanently ID your pet in the event of a lost/stolen pet. ID registration is included. **Yes / No Initial** _____

***Please Circle* & Initial** _____ Nail trim Ear Cleaning Anal Gland Expression Nail Dremmel

If pet is here for a dental (prophylactic cleaning and thorough oral exam under general anesthesia), I acknowledge that any teeth that are not salvageable will be extracted at the Doctor's discretion. **Initial** _____

Please list daily medication (if any): _____

Additional instructions: _____

Telephone number(s): _____

I (signature) _____, authorize Chelsea Animal Hospital to perform these additional services and to act in the best interest of (my pet) _____.

Date: _____

Tech/Dr. Witness: _____