



**Authorization for Sedation**

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 for ALL pets 7 years of age or older 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** \_\_\_\_\_

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

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