

**Canal Street Veterinary Hospital**  
**(504) 200-2784**  
**Hospitalization/ Surgery/ Anesthesia Authorization**

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed: \_\_\_\_\_

**Hospitalization/Surgical Information**

- Preparation: The skin around the surgical area will be clipped and scrubbed with an antiseptic. All procedures are performed in a sterile environment.
- Pre-Anesthetic Screening: In order to evaluate your pet's basic physiological condition, we will evaluate pre-anesthetic blood work prior to all procedures requiring anesthesia. The pre-anesthetic profile will help us to know if we need to take extra precautions with your pet and will help us determine the safest anesthetic protocol. It may indicate that we should avoid a procedure altogether until a discovered problem can be corrected. The profile is not a guarantee against problems, but will certainly help us deal with a problem should it arise.
- Anesthesia: Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.
- Monitoring: We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, oxygenation, and depth of anesthesia during the procedure.
- Catheterization: For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medications and fluids during the procedure.
- Pain Management: We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

**Authorization and Risk Assessment**

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Canal Street Veterinary Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I understand that there are rare complications associated with any anesthesia or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarian and hospital staff will try to minimize such risks. I will not hold Canal Street Veterinary Hospital, the veterinarian, or any staff member liable for any complications that may arise.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date