**Tallahassee Veterinary Hospital**

**Dr. David Woodham**

**2323 Centerville Road**

**Tallahassee, FL 32308**

**Anesthesia Authorization & Consent Form**

Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (where you can be reached today)

Pet’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Every surgical procedure carries with it some inherent risk associated with sedation, anesthesia or the surgery itself. While we cannot guarantee any given outcome, we will take all steps to minimize the risk. If any unforeseen medical or surgical needs arise, I hereby consent to any medications and supplies purchased or prescribed. I understand an attempt will be made to reach me by telephone for permission prior to any additional procedures or services, unless an emergency situation with my pet prevents it. In case of emergency, I hereby consent and authorize the performance of such procedures as necessary in the exercise of Dr. Woodham’s judgement to treat and maintain my pet’s health. If I cannot be reached, additional non-emergency procedures will not be performed unless I have given prior permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**Pre-anesthetic Bloodwork**

We require a blood profile to ensure your pet has no underlying conditions prior to anesthesia.

**Profile II** (for all patients over 7 years and considered high risk)

Includes - Complete Blood Count (CBC) - assesses clotting and checks for anemia/infection

- BUN, CREA, PHOS & CA (kidney values) - GLOB (protein)

- ALKP, ALT, CHOL & GGT (liver values) - AMYL & LIPA (pancreas values)

- Glucose (sugar) - Protein (nutrition)

- Electrolyte Levels (sodium, chloride and potassium)

(**Initial Here**) \_\_\_\_\_\_

**IV Catheter & Fluids**

An IV catheter will be placed prior to surgery as an additional safety precaution. If your pet needs a medication administered intravenously we have direct access to do so. We will also run your pet on IV fluids throughout their procedure. (**Initial Here**) \_\_\_\_\_\_

**Post-operative Pain Medication**

Dr. Woodham feels strongly about the need for appropriate pain management. If needed, he will administer a post-operative pain medication injection after your pet’s procedure. He will also prescribe medication for extended relief of post-operative discomfort. I understand that I am responsible for any and all costs of post-operative pain management. (**Initial Here**) \_\_\_\_\_\_\_

**Notes for Dr. Woodham**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**