

# Pine Castle Animal Care Center

5250 South Orange Avenue  
Orlando, Florida 32809

## Authorization for General Anesthesia and Surgery

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

General anesthetic and surgical procedure(s) to be performed:

\_\_\_\_\_  
I, the owner of the pet identified above, authorize the veterinarian(s) at Pine Castle Animal Hospital to perform the above procedure(s). I understand that the performance of the general anesthesia and surgery on my pet are not without serious risks. These risks include, but not limited to: infection, complications in healing, closure separation and loss of life. I understand I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. Should unexpected life-saving emergency care be required, the staff has my permission to provide such treatment and I agree to pay for such service.

\_\_\_\_\_  
To help minimize the possibilities that an underlying health problem exists and to minimize inherent risks, ALL pets over 6 years of age, Adult / Mature Profile is Mandatory, in addition, for younger pets, we recommend one of the following "PRE – ANESTHETIC BLOOD PROFILES". (Performed immediately preceding your pet's anesthesia.)

Please select 1 of the following

### "PRE-ANESTHETIC BLOOD PROFILES"

/ \_\_\_\_ / Adult / Mature - Required for all pets 6 years and older  
Initial and Recommended for all pets. \$158.50 (-13%) = \$137.75

- C.B.C. (Complete Bloodcell Count) + 15 Panel Profile

/ \_\_\_\_ / Juvenile / Adult \$136.50 (-16%) = \$114.50  
Initial

- C.B.C. (as above) + 6 Panel Profile

I want the "Pre-Anesthetic Profile" I have selected to be performed: YES / \_\_\_\_ / NO / \_\_\_\_ /  
Initial Initial

\_\_\_\_\_  
Our practice feels that "**Pain Management**" is an important aspect of your pet's care.

I want my pet to receive an INJECTION for post-operative **Pain Management**: YES / \_\_\_\_ / NO / \_\_\_\_ / - Initial

I want my pet to have post-operative **Pain** medication to go home: YES / \_\_\_\_ / NO / \_\_\_\_ / - Initial

My pet has not eaten since \_\_\_\_\_ pm / am

**I have read and fully understand the above terms and conditions set forth.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number(s) at which I can be reached today and/or tomorrow

\_\_\_\_\_  
TECH