



**Avian & Exotic
Animal Hospital
of Louisiana**

Pet ID# _____
Office Use Only
Client ID# _____

Anesthesia & Surgery Form

(Rev. 8/10/22)

I give the doctors at *Avian & Exotic Animal Hospital of Louisiana (AEAH)* complete authority to perform the following surgical/anesthetic procedure on my pet as described below.

Did your pet eat this morning? () Yes () No Current Diet _____

Is your pet currently on any medication(s)? () Yes () No

*If Yes, please list the medication(s) and when last dose given: _____

**If fleas or mites are noted on pet upon intake, I understand I will be charged \$17.58 - \$40.52 (depending on weight of pet) for treatment ____ (Initials)

Estimate

I have received and approved an estimate in the amount of \$_____ for expected charges and understand the estimate must be paid in full prior to the initiation of the surgical procedure as per hospital policy. I further understand that I assume full responsibility for all services rendered, including those that may extend beyond the original surgical estimate, regardless of the surgical outcome. _____ (initials)

Pre-Surgical Work-up

To maximize anesthetic safety and minimize any risk of surgical complication to your pet, we recommend pre-surgical blood work to ensure that your pet's organs are functioning properly and to reveal any hidden health conditions that could put your pet at risk. Performing a chemistry panel, complete blood count (CBC), and/or full body radiographs allows us to evaluate your pet's overall health. Testing can: (1) significantly reduce medical risk, (2) allow us to proceed with confidence by knowing that results are within normal ranges or by knowing the necessary precautions and adjustments to make, (3) provide baseline level for future reference, and (4) help give you peace of mind regarding your pet's procedure.

Choose One option - may not be reflected in current estimate

I approve the complete pre-surgical work up (chemistry panel, CBC, X-ray) at a cost of \$171.00 _____ (initials)

I approve only the pre-surgical chemistry panel and complete blood count at a cost of \$101.50 _____ (initials)

I approve just the pre-surgical chemistry panel at a cost of \$93.50 _____ (initials)

I decline all pre-surgical testing: _____ (initials)

Post-Surgical Pain Medication

If deemed necessary, I authorize the use of post-surgical pain medication at \$12.80 - \$17.40 _____ (initial)

If deemed necessary, I authorize the potential use of oral supplements to stimulate the GI tract at \$8.00 _____ (initials)

Surgical/Anesthetic Waiver

I have been advised as to the nature of the procedure mentioned above and the risks involved in performing these procedures, and I realize that results cannot be guaranteed. I do hereby and forever release the doctors of *AEAH* from any and all liability arising from anesthesia and surgery on the aforementioned animal. _____ (initials)

Client Name (Please Print) _____

Pet's Name (Please Print) _____

Signature _____ Date _____

Phone Number(s) where client can be reached: _____