

## Carmel Mountain Ranch Veterinary Hospital 11925 Carmel Mountain Road, Ste. 802 San Diego, CA 92128 858-592-9779 carmelmountainvet@yahoo.com

## Anesthesia Authorization

Owner's Name:	Pet's Name:	
complications. However, corprevious examinations. In or examination will be performed that is not evident on physicanesthetic complication. All allow for administration of femergency treatment if nee and/or other areas. Patient	sia have made elective procedures safer, with a low rate mplications can arise because of pre-existing conditions rder to evaluate your pet's current health status, a preed by a veterinarian. In certain rare circumstances a cocal examination or pre-anesthetic screening, which could patients undergoing anesthesia will have an intravenous fluids during the procedure (to help support blood presseded. It will be necessary to shave or clip hair from the se will be monitored during and after anesthesia. Pain reand dispensed for use at home at the discretion of the vertical services.	not evident during anesthetic ondition may exist result in an attack catheter placed to ure), and to facilitate IV catheter site
whether we need to take adtreatment. Tests done more	screening prior to all anesthetic procedures. This informolditional precautions with your pet or postpone the proces than 90 days prior to anesthesia will need to be repeatate rescheduling for another day.	edure pending
Is your pet currently taking	food since 8:00 p.m. yesterday? Yes 🗖 any medications, vitamins or supplements? Yes 🗖	No 🗆 No 🗅
As owner or representative	of owner, I authorize anesthesia and the above precaut	ions for my pet.
Signature:	Date:	
Print Name:		
<del></del>		