



*Long Meadow*  
VETERINARY CLINIC

7909 W Grand Parkway S #230  
Richmond, TX 77407  
(832) 847-4170  
www.longmeadowvetclinic.com

## Authorization for Anesthesia and/or Surgery

Date of Procedure: \_\_\_\_\_ (MM/DD/Year) Drop Off Time: \_\_\_\_\_

### Client Info:

Full Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Number for Today:** \_\_\_\_\_

Person(s) Dropping Off: \_\_\_\_\_

Person(s) Authorized to Pick Up: \_\_\_\_\_

### Patient Info:

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

### Current Medications:

Heartworm Medication: \_\_\_\_\_

Flea and/or Tick Medication: \_\_\_\_\_

My pet is currently on monthly heartworm and flea products and has not missed a dose.

Yes  No  If NO explain: \_\_\_\_\_

Other Medications: \_\_\_\_\_

### Diet:

Current Diet: \_\_\_\_\_ Time of Last Food: \_\_\_\_\_

I understand that I was instructed to remove my pet's food at 10:00p the night before the procedure, and if I did not do this it increases the risk of complications related to anesthesia.

### Other Care Requested Today (additional charges will apply):

Bath  Nail Trim - Complimentary

Ear Cleaning  Anal Gland Expression

Prescription Refill: \_\_\_\_\_

Other: \_\_\_\_\_

**Insert a MICROCHIP for permanent identification of my pet**

If your pet is due for vaccinations or is found to have any evidence of fleas, ticks, or intestinal parasites, they will be treated based on the veterinarian's recommendation during their visit at your expense to protect their health and the health of our other hospitalized patients.



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**Pre-anesthetic Blood Screening:**

Basic blood screening will be performed on ALL pets to identify possible health problems not evident on physical exam. If your pet is over 6 years old, has chronic illness, is on long term medications, or has other health issues, more comprehensive blood screening is recommended.

- I request comprehensive blood screening prior to the surgical/anesthetic procedure(s).  
 My pet has already had blood work within the last 14 days.

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**Anesthetic and/or surgical procedure(s) to be performed:**

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I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Long Meadow Veterinary Clinic to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees and provide payment via cash or credit card at the time my pet is discharged from the hospital for any remaining/additional fees.

I understand that the staff will work diligently to minimize the risk to my pet in all situations, but the staff cannot prevent all adverse reactions, side effects, or other unforeseen complications. **In the case of emergency, I would like Long Meadow Veterinary Clinic and its staff to perform and hold me financially responsible for the following care:**

- Everything possible, including extreme measures, until I can be contacted  
 Minimal life saving treatments until I can be contacted  
 Nothing until I can be contacted (NO ER CARE UNTIL CONTACT - loss of life is possible)

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

**Owner's Printed Name:** \_\_\_\_\_

**Owner's Signature and Date** \_\_\_\_\_