



Andrews Veterinary Hospital

1575 Main Street
Andrews, NC 28901
(828) 321-3316

www.andrewsveterinaryhospital.com

Surgery/Anesthesia Authorization

Owner's Name _____ Date _____

Address _____ City/State _____ Zip _____

Phone _____

Pet's Name _____ Dog _____ Cat _____

Other (specify) _____ Breed _____

Sex _____ Age _____ Color _____ Markings _____

I hereby authorize surgery and necessary procedures for said animal which require anesthesia. I understand that there are inherent risks with using any type of anesthesia and also understand that the doctors(s) and staff will use all reasonable precautions against injury, escape, and or death. I understand I assume all risks.

I authorize consent for pre-anesthetic blood work. _____

I do not authorize consent for pre-anesthetic blood work. _____

Signed _____