



The following information is necessary in order that we might serve you better and give you personal attention. Please fill out the form completely.

Owner's Name: _____ Pet's Name: _____

We MUST have a way to contact you while your pet is in our hospital. Occasionally situations will arise which require your approval to proceed. If we cannot get in contact with you within 5 minutes, the procedure may be aborted and you will be responsible for charges already incurred.

Phone: _____

I am the owner of agent of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

The nature of such service has been described to me to my satisfaction and I realize that no guarantee, or warranty can ethically or professionally be made regarding the results or cure. I understand that anesthesia carries some risk (although small). Therefore, blood testing is REQUIRED before general anesthesia. The anesthetic agent is removed from the body by the kidneys and liver and any pre-existing anemia or inflammation can increase the risk of anesthesia. It is important to know before anesthesia that these body systems are functioning properly. Bloodwork helps us to make this determination. Additionally, an Intravenous Catheter is REQUIRED to provide cardiovascular fluid support and for more rapid clearance of anesthetic drugs during and after general anesthesia. _____ (Please initial that you have read and had any questions answered)

I authorize pain medication to be given if deemed necessary by the veterinarian. Yes _____ No _____

I authorize histopathology for any tissue resection (tumors, masses, abnormal tissue) findings during surgery at an ADDITIONAL COST. Histopathology is necessary to confirm or deny malignancy (cancer that spreads) of tumors. Yes _____ No _____

If your pet is in heat, pregnant, or has been recently nursing or obese, there will be an additional charge that ranges from \$15-\$75.00. _____ (Please initial)

If your pet is presented to the hospital with fleas, we will give is a safe flea medication to eliminate the fleas. There is additional cost for this service. _____ (Please initial)

While under anesthesia, it is an opportune time to do other procedures. I authorize the following additional procedures. I also understand that there will be a charge for any additional procedures that I opt for. I will be given an estimate for such additions. A complementary toe-nail trim will provided while you pet is under anesthesia. (Please initial)

Dental Cleaning Yes _____ No _____

Microchip (\$47.70) Yes _____ No _____

I understand that I assume financial responsibility for all services rendered, and that payment is expected on the day of surgery. Any medications and supplies purchased will be at an additional charge.

(Signature of Owner or Agent)

(Date)

Admitting Technician: _____

Estimate Given to owner: YES / NO

