



DATE: _____ OWNER/AGENT NAME: _____

PET'S NAME: _____ LAST MEAL: _____

As owner/agent of the pet described above, I hereby give my consent to the Snodgrass Veterinary Medical Center to perform the following under general anesthesia **PROCEDURES:**

List **PROCEDURES** on line below that the Doctor will be performing on your pet today.

INTRAVENOUS CATHETER WITH FLUIDS– Administration of intravenous fluids helps your pet recover more quickly from anesthesia, maintains blood pressure, and increases circulation during anesthesia. The intravenous catheter can save vital time in the rare event of an anesthesia complication.

* We recommend an IV catheter and fluids for every patient as an important safety precaution. (\$45) ___ Yes ___ No

PRE-ANESTHETIC BLOOD SAFETY SCREEN- Our on-site laboratory lets us screen for hidden problems before your pet's treatment begins. These tests evaluate liver and kidney function, blood sugar, and red and white blood cell counts that check for anemia and infection.

*We recommend this bloodwork for all of our patients undergoing anesthesia.

Pets <7 years of age (\$79) ___ Yes ___ No

Pets >7 years of age (\$99) ___ Yes ___ No

DENTAL PROCEDURES- During a dental procedure, there may be tooth extractions, dependent upon the severity of dental disease. If you have any questions, please feel free to ask before the procedure takes place.

AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

ADDITIONAL PROCEDURES THAT CAN BE PERFORMED TODAY UNDER ANESTHESIA:

___ Ear exam and ear cleaning (\$26.00 with flushing)

___ Microchip with lifetime registration (47.00)

___ Fecal Examination (\$32.00)

___ Heartworm and tick disease testing – DOGS ONLY (\$35.00)

___ Feline leukemia and FIV testing- CATS ONLY (\$50.00)

SIGNATURE OF OWNER/AGENT: _____

DATE: _____

CONTACT NUMBER : _____

EMAIL: _____