

OWNERS NAME: _____ **DATE:** _____ **PATIENT:** _____

REASON FOR VISIT: _____ **AGE:** _____

MEDICATIONS PATIENT IS ON: _____

While under anesthesia, it is a good time to perform other procedures that require sedation. By initialing you accept additional financial responsibility and authorize this/these procedures(s) to be performed:

Anal Glands _____

Dental cleaning _____

Micro Chip placement _____

Nail trim _____

Ear cleaning _____

Growth removal _____

Location: _____

If you are interested in the procedures please understand that they are offered at an additional charge and subject to the doctor's discretion.

In addition we at Laurel Springs Animal Hospital feel that in the interest of your pet's health we strongly recommend pre-surgical blood-work to reduce the risks of anesthetic complications related to surgery/anesthesia. This will help us identify possible problems prior to any procedure being performed. No test can determine the absolute positive outcome for your pet but this blood-work will help us determine the best course of treatment for your pet and potentially make the procedure(s) safer.

Options for blood-work include but are not limited to:

Pre-Surgical Screen #1 (0-7 years), (CBC and Prep Profile), additional 79.00 _____

Pre-Surgical Screen #2 (8+ years), (CBC, Diagnostic Profile and Urinalysis), additional 89.00 _____

There are inherent risks involved when placing patients under anesthesia and as complications arise the doctors may find it necessary to perform additional procedures and/or treatments in order to provide for the safety and well-being of your pet. These decisions will be made at the discretion of the doctors and in the best interest of your pet. There may be additional cost involved.

I, the undersigned, do hereby authorize the doctors and staff and Laurel Springs Animal Hospital to treat my pet in the manor outlined above and do take financial responsibility for all medical procedures and treatments. I have authorized expressly and those deemed necessary by the doctor for the well-being of my pet. Payment is expected when services are rendered with no exceptions. The nature of the procedure(s) to be performed has been described to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

Signature of owner/agent _____ **Date:** _____

Home phone # _____ **Alternate contact** _____