

Shoemaker Avenue Animal Hospital, LLC
Hospital Procedure, Anesthesia & Medical Authorization Release Form

Client's Name _____	Date _____
Pet's Name _____	Age _____ Sex _____
Procedure(s) _____	

The time of my pet's last meal was: Date _____ Time _____
Have you administered any medication to your pet in the last 48 hours? YES or NO
Which medication(s) _____
What dose & strength _____ When? _____
How many tablets, capsules, or cc's were administered? _____
If your pet is female, when was her last heat cycle? _____

<p>I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this pet, perform the above described procedures, and administer medications, anesthesia, surgical procedures, tests and or treatments that the doctors deem necessary for its health, safety and well being while under their care and supervision. I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.</p> <p>I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.</p> <p>_____ In the event of cardiac arrest, I elect to have CPR performed on my pet. I understand this may result in additional charges up to or beyond \$300.</p> <p>_____ In the even of cardiac arrest, I DO NOT want CPR performed on my pet.</p> <p>_____</p> <p style="text-align: center;">Printed Name Signature of Owner or Authorized Agent</p> <p>_____ Witness _____ Date</p> <p>In case of an emergency I can be reached at (phone number): _____</p>	
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BLOOD WORK

If your pet is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications. Nevertheless, some obscure conditions can be detected only by diagnostic testing. Because of this, we recommend pre-anesthetic blood work screening tests:

For pets less than 5 years of age the cost is \$141.25_____

For pets greater than 5 years of age the cost is \$141.25_____

I have been advised of this additional cost and consent to having these tests performed.

Please initial here YES_____ NO_____

PULL BABY TEETH

Small breed pets often suffer from retained deciduate (baby) teeth after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tarter buildup. This, in turn, leads to bad breath and damage to gums and adult teeth. We strongly recommend that these deciduate teeth be extracted while your pet is under anesthesia to avoid future complications. The cost for this procedure varies based the number of teeth extracted but begins at \$_20_ per tooth.

If my pet has this condition I consent to have this procedure performed – please initial

YES_____ NO_____

Microchipping pets involves inserting a tiny rice-like microchip under your pet’s skin. This chip then holds your pet’s identity for life. If your pet is ever lost and a local shelter or veterinary practice finds it, the law requires that all pets be scanned for a microchip before they are adopted out or euthanized.

The cost for this procedure is \$_40_____

I agree to have a microchip inserted – please initial YES_____ NO_____

I would like to add the following elective procedure to my pets visit:

____ Nail trim (included with procedure unless otherwise directed)

____ Anal Gland Expression (\$16.00)

____ Ear Cleaning (\$15.00)

____ Heartworm Test (\$35.00)

____ Lyme Test (\$30.00)

____ Feline aids/leukemia test (\$45.00)

____ Vaccine if due

____ Other: _____

Estimated Surgery Cost: _____ Please call for a price if needed_____

Signature of Owner or Authorized Agent

Date