**Owner’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pet’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Approve or Decline the two additional services we offer**

We recommend fluids during surgery to maintain blood pressure and hydration.

**\*Do you approve of the administration of SQ Fluids during surgery?**  **$20.00 [ ] Yes [ ] No**

We recommend one of the following blood work tests to determine your pet’s organ status, in order to make the best medical decisions.For pets 8 years and older we highly recommend the CHEM 18.Blood work tests are optional for Spay/Neuter surgeries.

**\*Please choose one of the following options:**

**[ ] CHEM 18, LYTE 4, PCV $135.00**

**[ ] CHEM11 $80.00**

**[ ] DECLINED Initials**:\_\_\_\_\_\_\_\_\_\_

**Does your pet have any health problems? [ ] Yes [ ] No**

Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your pet received any prescription medication(s) today? [ ] Yes [ ] No**

Please list the current medications your pet is receiving:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet ever tested positive for FIV or Feline Leukemia? **[ ] Yes [ ] No**

**Please select any additional treatments you would like**

| * Nail Trim (complimentary with Anesthetic procedures) * Pain Meds to go Home | * Microchip and Registration $60.00 ($55.00 with Anesthetic procedures) | * Elizabethan Collar   (Surgery Cone) |
| --- | --- | --- |

Furthermore, I understand that during the performance of the procedures(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian’s professional judgement. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian’s and hospital’s control.