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

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

I understand that I am authorizing performance of the following Surgery/Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We recommend Fluids during surgery to maintain blood pressure and to provide access for emergency drugs if needed. Fluids are optional for Spay/Neuter surgeries.

**\*Do you approve the administration of IV Fluids during surgery?**  **$60.00 [ ] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For Canines only:** Has your pet ever tested positive for Heartworms or Tick borne diseases? **[ ] Yes [ ] No**

**For Felines only:** 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.