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

**Client Phone (Home)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedure(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre Anesthetic Bloodwork:**

Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

**PLEASE CHECK ONE (REQUIRED)**: Please, ask if you have questions about these!

* PCV / TP only **$24**
* Mini-chemistry / PCV – checks liver and kidney function, glucose, and red cell count **$92**
* Full Chemistry /CBC/T4 – recommended for older patients and those with chronic conditions **$179**

**Additional Services While Under Anesthesia:**

* Nail trim **$22**
* Express anal glands **$26**
* Microchip **$68**
* Ear clean **$23**
* Heartworm Test **$42**
* Intestinal Parasite Test **$22**
* Felv/fiv Test **$72**

**Vaccination Policy:**

\*To ensure the protection of all pets under our care, the following vaccines/tests must be current (Vaccines may be administered at the time of procedure, at additional cost).

**DOGS:** Rabies, DHLPPV, Heartworm Test

**CATS**: Rabies, FVRCP

**HAS YOUR PET: EATEN TODAY? YES NO**

**HAD ANY MEDICATION TODAY? YES NO**

 **If yes, which medications & when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization / Informed Consent for Treatment:**

Please initial after each statement below:

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. \_\_\_\_\_\_\_\_

 I understand that I assume financial responsibility for all services rendered. \_\_\_\_\_\_\_\_

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures. \_\_\_\_\_\_\_\_

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While *All Creatures Animal Clinic* provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold *All Creatures Animal Clinic*, the veterinarians, or any staff member liable for any complications that may arise.\_\_\_\_\_\_\_\_\_\_\_

 I have read and understand this authorization.

* **I acknowledge that all accounts must be settled at the time of service or**

**discharge from hospital \_\_\_\_\_**

Client Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_