

Owners Name \_\_\_\_\_ File Number \_\_\_\_\_ Date \_\_\_\_\_ Patient \_\_\_\_\_

Reason for Visit \_\_\_\_\_

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 procedure(s) to be performed:**

Dental Cleaning \_\_\_\_\_  
I.D. 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 Dacula 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:

**By initialing you accept additional financial responsibility and authorize this test(s) to be performed:**

Pre Surgical Screen #1 (0-2yrs), (CBC & Prep Profile), (Additional \$58.00) \_\_\_\_\_  
Pre Surgical Screen #2 (3-7yrs), (CBC & Diagnostic Profile), (Additional \$68.00) \_\_\_\_\_  
Pre Surgical Screen #3 (8+yrs), (CBC, Diagnostic Profile, & Urinalysis), (Additional \$86.00) \_\_\_\_\_

Additional Testing \_\_\_\_\_

(There will be an additional charge for in heat, pregnant, and obese patients of \$20.00).

If you would prefer to **decline** blood work please initial here: \_\_\_\_\_

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/wellbeing of your pet. These decisions will be made at the discretion of the doctors and in the best interest of your pet and there may be additional cost involved.

If you would prefer to **decline** life saving procedures please initial here: \_\_\_\_\_

I, the undersigned, do hereby authorize the doctors and staff of Dacula Animal Hospital to treat my pet in the manor outlined above and do take financial responsibility for all medical procedures/treatments I have authorized expressly and those deemed necessary by the doctor for the wellbeing of my pet. Payment is expected when services are rendered 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 \_\_\_\_\_

Contact info (Daytime Phone) \_\_\_\_\_