



Owner's Name: _____ Pet's Name: _____ Home #: _____

Work #: _____ Cell #: _____ Emergency #: _____

SURGERY/PROCEDURE TO BE PERFORMED: _____

Spays: During the surgical procedure if your pet is found to be in heat, there will be an additional charge of \$55.40 added to your invoice, pregnant \$116.64. If so, do you authorize completion of spay?

Initial: Yes _____ No _____

Notice: All hospitalized animals found to have fleas will be treated with preventive and charges for treatment added to your invoice.

Brief History:

Is your pet current on vaccinations?	Yes	No	Has your pet ever undergone anesthesia?	Yes	No
If yes, were there any complications?			No	Yes, Please Explain: _____	
Does your pet have any drug allergies that you know of?			No	Yes, Please List: _____	
Did your pet eat anything this morning?			No	Yes, Please Explain: _____	
Is there anything we should know about your pet? _____					

In the unfortunate event that my pet becomes critical, I request the doctor and medical staff to (Please initial one):

Perform CPR - including medications (~\$250-\$400)

Aide humanely but do not use CPR. May include humane euthanasia if patient is suffering (~\$102-\$155)

NO CPR, allow to pass naturally.

AM/PM Includes in all routine surgical procedures a CBC (Measures the concentrations of cells in the bloodstream, which is a good indicator of general health and can pick up potential infections and anemia) and a Chemistry Panel (Measures the blood glucose, two kidney enzymes, two liver enzymes, checking the health and ability of the body's major organ systems to process anesthesia)

OPTIONAL PROCEDURES (will affect your original estimate)

Coagulation Panel: The APTT / PT tests are useful for detecting clotting factor deficiencies, which can have serious consequences for clotting during surgery. \$122.50

Initial: Yes _____ No _____

ECG - Preanesthetic Screen: A means to evaluate heart health and guide anesthesia management. \$104.35

Initial: Yes _____ No _____

Microchipping Services: AM/PM offers microchipping identification for the safety of your pet. The discounted cost for this service during a surgical procedure is \$55.08 (normally \$61.56)

Initial: Yes _____ No _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/ or operate upon my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. All charges including any boarding costs shall be paid on or before the release of my pet.

After carefully reading the above, I have signed in agreement.

Signature of Owner/Responsible Party

Date