

**AUTHORIZATION TO PERFORM SURGERIES, DENTALS, SHAVES
AND PRE-ANESTHETIC SCREENING**

"MAKING ANESTHESIA SAFER FOR YOUR PET"

I do hereby authorize the veterinarians of Lake Area Animal Hospital, Inc. to perform the surgical procedure described as follows: _____, upon _____, and if any unforeseen condition arises, calling in his/her judgment for procedures in addition to or different from those now contemplated, I further request and authorize the veterinarians of Lake Area Animal Hospital, Inc. to do whatever he/she deems advisable. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I consent to the administration of the anesthesia to be applied by or under the direction of the veterinarian and to the use of such anesthetics as he/she may deem advisable.

Procedures requiring anesthesia always have a certain amount of increased risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible; this requires that we do a complete physical exam, along with a pre-anesthetic blood test to check for proper function of internal organs. This measure can alert us to any pre-existing conditions that could lead to complications.

We here at Lake Area Animal Hospital, Inc. have a fully equipped laboratory right here in our office that will allow us to have results for review prior to the anesthesia.

TO MAKE ANESTHESIA SAFER FOR YOUR PET, THE FOLLOWING STEPS ARE STRONGLY ADVISED

**** A Full Physical Exam:** (We do this for every animal) **Please read your options listed below and initial all that apply:**

_____ **Blood Profile testing \$ 74.50:** These tests are used to measure the levels of various substances present in the blood. An abnormal level of any component of blood may indicate pre-existing conditions, such as disorders of the liver, kidney or blood. Knowledge of such conditions allows us to make anesthesia and/or surgery as safe as possible.

_____ **Dogs Only: Heartworm Disease Testing \$ 37.50:**

If on Heartworm Prevention, please tell us which one: _____

_____ **Cats Only: Feline Leukemia (FLV) and Immunodeficiency Disease (FIV) Testing \$53.**

_____ I would like to **Microchip** my animal. **\$57.50**

_____ **I choose to have an IV catheter placed and fluids provided during my pet's procedure for \$35**

_____ **I choose not to have any of the important testing outlined above.**

I have read the statement and do hereby agree to all of the above.

Reason Patient is being seen: _____

Best Contact Number(s): _____

_____ **Signature of Pet Owner** Date: _____

Staff Initials Only