

PLEASE READ CAREFULLY

Our greatest concern is for your pet while he/she undergoes anesthesia. Because of this concern, we strongly recommend a pre-anesthetic blood profile be performed prior to surgery. The profile maximizes safety by alerting the doctors the presence of Anemia, Kidney and/or Liver disease, which could compromise your pet's ability to handle anesthesia. The results of this profile can alert your doctor to either adjust levels or delay the procedure.

The cost of the Pre-Anesthetic Blood Profile is: \$154.02

YES _____ I want the pre-anesthetic bloodwork.

NO _____ I decline the pre-anesthetic bloodwork

EXAM/VACCINES- If your pet canine is NOT up to date on vaccines we will vaccinate at the time of the procedure for an **ADDITIONAL** fee.

FECAL- It is very important to have your pet tested for intestinal parasites every so often. We highly recommend for your pet to be tested every 6 months. While your pet is under sedation, it is the best time to screen for intestinal parasites. This procedure is an **ADDITIONAL \$19.50**

YES _____ I want my pet screened for intestinal parasites NO _____ I do not want my pet screened for intestinal parasites

TOOTH EXTRACTION(S)- While cleaning your pet's teeth if the technician sees a tooth that is loose, rotten, or in bad shape we will extract that tooth to prevent future problems. The cost of teeth removal is **\$10.00 plus** (depending on the severity of removing the tooth) per tooth. I

AGREE _____

PAIN MANAGEMENT- The administration of pain management has been shown to speed the recovery process as well as lead to greater patient comfort. Therefore pain medication is highly recommended.

This is an **ADDITIONAL \$30-\$40**. YES _____ I want pain medication for my pet. NO _____ I decline pain medication for my pet.

FLUID THERAPY – Your pet(s) may not have an appetite for a day or so after their procedure. It is important to make sure your pet(s) is adequately hydrated before and after their surgery to prevent complications.

ADDITIONAL \$75 _____ YES, I WOULD LIKE FLUID THERAPY _____ NO, I DO NOT WISH TO PURCHASE

SURGICAL AND HOSPITAL AUTHORIZATION

I hereby consent to authorize Lanett Animal Clinic and staff to receive, prescribe for, treat or operate upon my animal(s).

The Lanett Animal clinic and staff are to use all reasonable precautions against injury, escape or destruction of the animal. I understand that all anesthesia involves some risk to my pet, but Lanett Animal Clinic will not be held responsible in any manner whatsoever.

I also understand that Lanett Animal Clinic is not staffed 24 hours a day and after hours treatment of patient is at the discretion of the veterinarian.

In the unlikely event that your pet suffers from cardiac or pulmonary arrest while under anesthesia,

please provide:

_____ Life saving measures (needed injectable medicines, **CPR**) additional cost of **\$100-\$200**

_____ Do Not Resuscitate **(DNR)**

**** As a routine, we will tattoo your pet after the surgical procedure****

Pet's Name: _____ **Pet's age:** _____ **Pet's breed:** _____

Owner Signature: _____

Printed Name: _____

Best Contact Number: _____ **Date:** _____