

AUTHORIZATION FOR SURGICAL OR MEDICAL TREATMENT

**ALL CARE VETERINARY HOSPITAL
COPPELL, TEXAS 75019**

CLIENT

PATIENT

DATE

TYPE OF PROCEDURE

ANESTHETIC BLOOD TESTING

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, if possible, we recommend a pre-anesthetic blood profile to be performed. This will maximize patient safety and may alert the doctor to the presence of dehydration, diabetes, kidney or liver disease, anemia, inflammation or other disease, which could complicate the procedure. These conditions may not be detected unless an anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pet's health changes. State of the art equipment enables us to perform the anesthetic blood profile within the clinic and we are committed to making this technology available to your pet.

COST \$72.65

YES _____ (INITIALS) Please complete the blood work you recommended prior to surgery, if possible, on my pet.

NO _____ (INITIALS) I have elected to decline the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. Should complications arise, I assume full responsibility.

MICROCHIP AUTHORIZATION

During this anesthetic procedure you have the option of permanently inserting an identification microchip and registration for a cost of \$38.90. This microchip allows a pet to be scanned and identified if lost or stolen. Please initial below if you would like a microchip inserted into your pet. This fee includes the first year's registration.

YES _____ (INITIALS)

NO _____ (INITIALS)

What medications is your pet currently being given and when was the last dose?

I hereby authorize and direct the veterinarians and staff of ALL CARE VETERINARY HOSPITAL to perform the above procedures and additional diagnostic treatments or procedures as deemed advisable or necessary for my pet. I understand my pet may be shaved in order to administer intravenous fluids during the procedure. I understand the nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

Signature of Pet owner or authorized agent

Phone Number for **TODAY**

Pets may be kept in our hospital overnight to provide a comfortable and quiet recovery, but we do not have personnel present in our facility overnight to observe or to treat your pet.