

NORTHROCK HOSPITAL FOR ANIMALS

DATE _____

Bryan Weidler, DVM
Michelle Rypma, DVM
Amanda Sherck, DVM
Libby Stricker, DVM
Johna Unruh, DVM

OWNER _____

PET _____

**Authorization For And Consent To Anesthesia And Surgery Or
Diagnostic/Therapeutic Procedures**

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants:

I understand that all reasonable care and precautions will be taken in performance of the procedures. To minimize risks, selected laboratory tests can help to assess your pet's ability to safely undergo anesthesia and identify certain potential problems that could endanger your pet. Our hospital laboratory is fully equipped to perform these blood tests and have the results available before anesthesia. Additionally, placement of an intravenous (IV) catheter will allow delivery of IV fluids to assist in the maintenance of blood pressure and allow rapid access for IV drug administration in the event an emergency situation develops.

Please indicate your choice below.

(Due to health concerns, this test is required for pets 7 years and older. It is not a requirement for pets 0-6 years, but strongly recommended.)

() **YES.** I want to have an optional pre-anesthetic blood screen performed.
Cost: **\$98.00**

() **NO.** I do not want to have a pre-anesthetic blood screen performed.

() **YES.** My pet received the Comfort Care Kit for the procedure.

() **NO.** My pet did not receive the Comfort Care Kit for the procedure.

HOMEAGAIN –Pet Microchip Identification System

Every year more than 20 million dogs and cats are put to sleep because humane shelters cannot identify them or their owner. A microchip is an unmistakable sign that the pet is not only loved, but very much wanted! While your pet is under anesthesia, we can microchip your pet for permanent identification. Payment and paperwork will be mailed from your veterinary clinic.

() **YES.** I would like a microchip implanted.
Cost: **\$49.50 –No Enrollment Fee** (Limited time)

() **NO.** I do not want a microchip implanted.

Signature below constitutes your acknowledgement that you have read and agreed to the above. The procedures have been explained to your satisfaction and that you have all the information that you desire. You authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature: _____ Date: _____

You may be reached at the following phone numbers: Home: _____ Cell: _____

Text: _____ Work: _____ Other: _____

