



Patient Info: _____

I, the owner or owner's agent, consent and authorize the staff at Breckinridge Park Animal Hospital, to perform the following procedures on my pet. I also understand that an estimate of the costs will be provided to me at my request and I will be responsible for all fees at the time of discharge.

Anesthesia & Surgery General Statement: I understand that some risks always exist with anesthesia and/or surgery and I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Pre-Procedure Laboratory Evaluations: In order to reduce the risk of anesthesia, we strongly recommend lab work be done prior to the procedure. Chemistry profiles are required for all pets over 7 years of age undergoing general anesthesia. The following are Doctor recommendations for your pet. The highlighted tests are the Doctors recommendations.

Please check the test(s) to perform.

	<u>Recommended</u>	<u>Accepted</u>	<u>Declined</u>
1. Diagnostic Profile (Chem 14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prep Profile (Chem 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CBC with above panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Microchip: I would like my pet microchip implanted. \$43.99 (includes activation and registration) YES NO

Dental Statement: Dentistry includes cleaning, polishing, and fluoride treatment of the teeth while under general anesthesia. In many cases of gum disease, extraction of the diseased teeth is necessary to prevent further infection and pain. We require your prior consent and extractions will result in additional fees based on the time involved. If you do not give prior consent, we will try to contact you by phone. If consent cannot be obtained the pet will be awakened without extractions performed.

**** I DO I DO NOT wish you to extract any seriously diseased teeth. ****

Surgical and/or Diagnostics to be performed:

- | | |
|----------|----------|
| 1: _____ | 4: _____ |
| 2: _____ | 5: _____ |
| 3: _____ | 6: _____ |

Treatments to be performed:

- | | |
|----------|----------|
| 1: _____ | 4: _____ |
| 2: _____ | 5: _____ |
| 3: _____ | 6: _____ |

General Questions: 1. Are there any known drug allergies YES NO
 2. If yes, please list: _____
 3. List any current medications: _____

Signature: _____ **Date:** _____

Please contact me at the number(s) below: (Please check the best number to reach you)

Home Phone Business Phone Other Phone (_____) _____

Is this information correct: YES NO (Please note changes)

Email Address: _____

Address: _____

Checked in by _____