

Patient Information

Patient Name	Client Name:
Patient Age: Sex: Species:	Client Contact:
Breed:	

Anesthetic or sedated procedure to be performed:

- Spay or Neuter Surgery Sedation for Grooming Dental Service Other
Specific Description of Service:

Physical Exams and Blood Analysis

Each patient is physically examined before anesthesia is administered. Risks do exist with anesthesia and surgery; therefore, we encourage clients to authorize a baseline blood analysis. This analysis is included with the cost of your surgery. **(Except feline neuters and declaws)***

Elective Blood Analysis Authorization

Blood analyses help to identify existing liver, kidney, clotting disorders and infection. I understand that if there are issues with the results, I will be contacted to discuss other options.

- Yes**, I would like my pet to have blood drawn and analyzed before anesthesia is administered. **(included with cost of surgery)***
- No**, I do not want my pet to have blood drawn and analyzed before anesthesia is administered. I understand that my pet may have underlying disease(s) that will remain unknown without bloodwork and that this may place my pet at increased risk of complications or death.

Home Again Microchip Implant and Toe Nail Trim under Sedation

- Yes, I would like my pet to be implanted with a Home Again microchip. I understand the additional cost is **\$41.00**.
- No, I do not want my pet to be implanted with a microchip now.
- Yes, I would like my pet to have his/her toenails trimmed under sedation. I understand the additional cost is **\$5.00**.
- No, I would not like my pet to have his/her toenails trimmed under sedation.

Consent to Treat and Financial Responsibility

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above listed procedure(s). I authorize the use of appropriate anesthetics and/or other medications deemed necessary to complete the listed procedure(s). I also understand the nature of the procedure(s) and understand that risks may be involved if sedation or anesthesia is employed. I also recognize that results cannot be guaranteed. I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient. Payment may be made by cash, check, Credit card, or Care Credit. I understand that Waterloo Animal Hospital, PLLC does not have a payment plan or extended credit plan.

- I understand the financial agreement.** **I understand the consent to treat.**

Signature _____ Date _____