

PROCEDURE / ANESTHESIA AUTHORIZATION FORM

I _____ do hereby give permission to Susan Gaffney, DVM
(Owner's name)
of Angel Fire Small Animal Hospital to anesthetize my pet and perform
_____ on my pet _____.
(procedure) (pet's name)

Pre-anesthetic Bloodwork - To ensure your pet can properly process and eliminate an anesthetic, we will perform bloodwork on all pets undergoing anesthesia. The type of bloodwork varies with the age of your pet. **There is an additional cost for this blood screening. Please indicate below if you agree to this recommended screening.**

Juvenile Profile (Under 4 years of age): \$25.00

Adult Profile (dogs 4 - 10 yrs, cats 4 - 14 yrs): \$45.00

Geriatric Profile (dogs 10+ or 8+ if over 80lbs, cats 14+): \$80.00

_____ I agree to the recommended pre-anesthetic blood screening

_____ I decline the recommended pre-anesthetic blood screening

Geriatric patients - Geriatric dogs (10+ or 8+ for dogs over 80lbs) and cats (14+) may have an intravenous catheter placed to allow immediate access to a vein in case of an emergency or to give fluids during their procedure. It is necessary to shave the hair on one of more front legs for this procedure.

All patients will receive pain medication when needed.

Check any optional procedures you may desire for your pet while they are here today:

_____ Nail Trim (\$14.00)

_____ Fecal parasite check (\$25.00)

_____ Anal Sac Expression (\$20.00)

_____ Ear Cleaning (18.00)

_____ Vaccinations (prices vary)

_____ Canine Heartworm Test (\$30.00)

_____ Microchip placement: \$59.95 (includes one-time registration fee of \$19.95) A microchip about the size of a grain of rice is implanted between the shoulder blades and can be scanned by a veterinarian or humane society if your pet is ever lost.

_____ Feline Felv and FIV Test (\$64.00)

_____ Feline Felv Test only (\$51.00)

**** DENTAL PROCEDURES:** *If your pet is here for a teeth cleaning and it is medically necessary for the health of your pet for teeth to be extracted, there will be an additional charge for extractions.*

**** My pet has been off food since 9:00 p.m. last evening ****

Phone Number where you can be reached today: _____

signature of owner

Date