ALL PETS HOSPITAL
200 READ STREET
LOCKPORT, IL 60441
(815) 838-0505
www.allpets-lockport.com

CONSENT FOR YOUR PET'S SURGERY

Your pet's safety and comfort are our number one concern here at All Pets Hospital. Before your pet has surgery on _____, he/she will be examined for any problems that could interfere with anesthesia and will be monitored after surgery to help ensure that your pet has a safe, wonderful recovery. We are happy to report that our patients do very well and we expect all to go smoothly.

For our mature patients (over 6 years of age) and for any pets that have chronic health problems, we require more extensive medical tests to evaluate the safety of anesthetics and surgery. A doctor or technician will discuss this with you. Sometimes we adjust the medicine or the procedure to make it safer for the pet. Occasionally we postpone surgery until a medical problem is resolved.

Even for our healthy, younger patients, pre-anesthetic blood testing, though not critical, can help put your mind at ease by seeing that all is well. And certainly, on very rare occasions, problems are detected that change our plans.

Please let us know if you have questions about this testing. If you would like this testing done, please note below.

PERFORM PRE-ANESTHETIC BLOOD TESTING FOR MY PET __ YES __ NO COST:
(Bloodwork is mandatory every 6 months for pets over 6 years.) Over 6 Years: $89.00
Under 6 Years: $67.00

IMPLANT HOME AGAIN MICROCHIP IDENTIFICATION SYSTEM __ YES __ NO COST: $60.50
With Registration (*All Pets will register your pet for you)* __ YES __ NO COST: $73.50
Tranquilization is not necessary for this procedure, but consider having your pet microchipped while here for the scheduled procedures.

Procedure(s)	Date
Pet	
Owner's Name	

I hereby authorize All Pets Hospital to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet. I understand the nature of the procedures and the relative risks involved. I authorize All Pets Hospital to provide any appropriate care should an unexpected complication arise.

Signature of Owner/Responsible Party	Date
Phone Number	Cell Phone

Updated 2/19/13 CMW