

**HOEGEMEYER ANIMAL CLINIC**  
1516 SIDNEY BAKER  
KERRVILLE, TEXAS 78028  
(830) 896-6507

**PLEASE READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

**Scheduled Procedure**

Your pet is scheduled for anesthesia/surgery.

Our objective is to provide the very best in patient care. We recommend a pre-anesthetic blood work for all anesthetic procedures. Our in-house lab enables us to perform these tests BEFORE your pet is placed under anesthesia. For our older patients, the testing includes screening for kidney disease, liver disease, and diabetes. These conditions, as well as anemia, infection, and dehydration can all be detected and addressed prior to anesthesia. If we detect abnormalities in our testing, your pet's procedure will be delayed and you will be notified of the problem.

**\*Please note any previous medical conditions you are aware of for this pet.**

Please check one of the following:

\_\_\_\_\_ **ACCEPT**      I accept pre-anesthetic blood work testing for my pet.      **COST \$ 92.40**  
\_\_\_\_\_ **DECLINE**      I decline pre-anesthetic blood work testing for my pet.

Please check one of the following:

\_\_\_\_\_ **ACCEPT**      I accept pain control injection for my pet.      **COST \$38.47**  
\_\_\_\_\_ **DECLINE**      I decline pain control injection for my pet.

Please check one of the following:

\_\_\_\_\_ **ACCEPT**      I accept a pre-anesthetic E.K.G. and use of a pulse oximeter for my pet.      **COST \$ 23.29**  
\_\_\_\_\_ **DECLINE**      I decline a pre-anesthetic E.K.G. and use of a pulse oximeter for my pet.

Please check one of the following:

\_\_\_\_\_ **ACCEPT**      I accept the placement of an IV Catheter.      **COST \$ 48.69**  
\_\_\_\_\_ **DECLINE**      I decline the placement of an IV Catheter.

Please check one of the following:

\_\_\_\_\_ **ACCEPT**      I accept having my pet given a microchip.      **COST \$ 60.34**  
\_\_\_\_\_ **DECLINE**      I decline having my pet given a microchip.  
\_\_\_\_\_ **MY PET ALREADY HAS A MICROCHIP**

**I have read and acknowledge consent for the above-accepted procedures to be performed and understand additional charges apply and are not combined with the anesthesia/surgery.**

\_\_\_\_\_  
**Signature of Owner/Agent for Owner**

\_\_\_\_\_  
**Day Phone Number**