

Bayshore Animal Hospital
Hospital Procedure, Anesthesia & Medical Authorization Release Form

Owner _____ Pet Name _____ DOB _____

Your pet is scheduled for a procedure that requires anesthesia. Like you, our greatest concern is the well being of your pet. We strongly recommend that a pre-anesthesia blood profile be performed prior to anesthetizing your pet today. The results provide vital information about the functions of the blood system and internal organs.

Profile 1 -Patients under age 8 - \$60.00

This provides basic health evaluation of vital organs and blood system.
Evaluates anemia, infection and clotting, liver & kidney functions, blood sugar.

Profile 2 -Sick or Geriatric over age 8 - \$77.50

Includes all tests above, and:

Detects disease and provides a detailed evaluation of vital organs and blood system.

___ I authorize the recommended blood testing prior to administering anesthesia.

___ I decline the recommended blood testing.

I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected.

___ Microchip Identification – 20% off - **\$38.15** w/ **18.99** activation fee

___ Permission to treat unforeseen conditions up to **\$50.00**

___ Did pet eat after 6p.m. last evening?

___ Current on Vaccines?

___ Has your pet been on any pain management/NSAIDS?

I certify that I am the owner or authorized agent for the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this pet, and administer anesthesia, surgical procedure(s) and the following procedures as checked above. **I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.**

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner/Agent signature _____ Date _____

Telephone number where you can be reached _____

Cell _____ Wk _____