

CANINE ANESTHESIA CONSENT
Animal Clinic of Billings & Animal Surgery Clinic

Owner _____ Pet _____ Pet's Age _____

Phone numbers today: _____ From _____ to _____

_____ From _____ to _____

Medical history and a physical exam provide us with important information about your pet's health; however, it is impossible to understand the complete physiological picture without performing other tests. Although performing these tests cannot guarantee the absence of complications, it can significantly minimize the risk to your pet. For your pet's safety the "minimum" screening is required, but you may select any age-specific option for your pet. Please mark the box next to your choice.

Puppy to 6 years:

Minimum (\$38)
Anemia (Hct)
Liver function (TP)
Kidney function (BUN)

Regular (\$85)
Mini Blood Profile
w/ Glucose
Urinalysis

Complete (\$240)
Complete Blood Count
Comprehensive Blood Chemistry
Urinalysis, EKG, Chest X-ray

7 years and greater:

Minimum (\$85)
Mini Blood Profile
w/ Glucose
Urinalysis

Regular (\$240)
Complete Blood Count
Comprehensive Blood Chemistry
Urinalysis, EKG, Chest X-ray

Complete (\$385)
Complete Blood Count
Comprehensive Blood Chemistry
Thyroid, Urinalysis, EKG,
Chest & Abdominal X-rays

Additional Screening Tests:

Accept **Decline** (\$21) **ACT** – Detects bleeding or blood clotting abnormalities from disease or rodenticide exposure.

Accept **Decline** (\$25) **EKG** – Undiagnosed cardiac problems are a leading cause of anesthetic and post-anesthetic complications.

Accept **Decline** (\$25) **Heartworm Test** – Annual testing is recommended to detect this blood parasite transmitted by mosquitoes.

Accept **Decline** (\$21) **Fecal Parasite Test** – A minimum of annual testing is recommended to detect intestinal parasites.

I hereby authorize the veterinarians of the Animal Clinic & Animal Surgery Clinic to examine my pet, and prescribe for, hospitalize, anesthetize, or perform surgery on my animal. I, the undersigned agent, if not the owner, warrant that the veterinarians have full authority from the owner to enter into this agreement. The nature and character of the proposed treatment or procedure has been explained to me and I fully acknowledge that no warranty or guarantee has been made to me as to the result or cure. I also understand and accept all of the recognized serious potential risks or complications involved in this treatment or procedure, as they have been described to me.

I, the undersigned, whether or not the owner, assume financial responsibility for ALL services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I further agree that I, or an authorized agent of mine, will pick up and pay for all accrued charges on my animal within 5 days after receiving written or oral notification that he/she is ready to be released from the hospital. I agree that if I fail to comply with this policy, the Animal Clinic & Animal Surgery Clinic may handle this abandonment in the best interests of the clinic and the animal.

SIGNED _____ DATE _____