

Client _____ Patient _____ Date _____

PLEASE READ CAREFULLY AND SIGN

I hereby authorize the veterinarian in charge and/or such assistants as may be selected by him/her to perform the following procedures:

INITIALS _____ INITIALS _____

1. I recognize that, during the course of the operation, unforeseen conditions or circumstances may necessitate additional or different procedures or treatments than those set forth above. I further authorize the veterinarian in charge, his assistants or designees, to perform such procedures or treatments are, in his or her professional judgment necessary and desirable, including but not limited to procedures involving pathology or radiology. The authority granted under this paragraph shall extend to remedying conditions not known to the veterinarian in charge at the time the operation or procedure expressly consented to is commenced.
2. I consent to the administration of anesthesia to be applied by or under the direction and supervision of the veterinarian in charge and to the use of such anesthetics as he or she may deem advisable.
3. I am aware and have been advised that the practice of medicine and surgery is not an exact science and always entails known and unknown risks. Among these risks are those connected with the administration of anesthetics.
4. I acknowledge that no guarantees can be or have been made to me regarding the outcome of any procedure or treatment.

X _____
 Signature of Owner

 Emergency telephone number

BULLARD ANIMAL HOSPITAL RECOMMENDATIONS

If my pet is having a growth removed, I understand I have the option to have the growth sent to a laboratory for analysis for **\$135.00** YES NO

Bullard Animal Hospital strongly believes in pain management and recommends a pain injection after surgery. (Cost **\$20-40**) YES

We also offer pain medications that you can take home with your pet for several days following surgery. (Cost **\$11-\$20**) YES

We will tattoo all pets that are here for a spay or neuter unless you decline this option. **I DO NOT CONSENT TO TATTOOING** _____ INITIALS

PRE-ANESTHETIC BLOOD TESTING CONSENT

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pets health changes. State of the art equipment enables us to perform the pre-anesthetic blood profile within the clinic and we are committed to making this technology available to your pet.

Testing Involves:	BUN (Kidney)	ALKP (Liver)
\$48	Glucose (Blood sugar)	Total Protein (Hydration)
	ALT (Liver)	Creatinine (Kidney)

Please complete the blood work you recommended prior to surgery on my pet. If abnormalities are found please contact me at the above listed phone number.

 Signature of Owner

I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I assume full financial responsibility for this/these animal(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal.

 Signature of Owner

******If your pet has fleas, we will treat them with Frontline (Cost \$28)_____ Intial**
***If bandage changes are necessary with the above mentioned surgery, they are at a cost of \$20.00 per application.**