Surgical Authorization & Consent Form

Client	Patient	Age	Date
Procedure to b	e performed today:		
	at/drink today? Yes No _		
If yes, an injec	ction for nausea will be given a	t an additional cost	
******	***********	*********	*******
	PLEASE READ CAREF	ULLY AND SIGN	
undergoing a overall l pre-anesth	hetic blood work is typically recornesthesia. This blood work allownealth, ensuring that your pet is a netic bloodwork shows any abnord by making any necessary adjust	s your veterinarian to a good candidate for an malities, these abnorm	ssess your pet's esthesia. If alities can be
COST= \$94.00			
Includes:	BUN (Kidney) Glucose (Blood sugar) ALT (Liver) Electrolytes (Na, K, Cl)	ALKP (Liver) Total Protein (Horeatinine (Kide) CBC (Complete)	ney)
	plete the blood work you recones are found please contact me	•	
Signature of O	wner Phone	Phone #(where you can be reached today)	
time and requ responsibility	ed to refuse the recommended est that you proceed with anes for this/these animal(s). I unde ing anesthesia or performing s	thesia. I assume full f erstand there are alwa	financial
Signature of O	wner Phone	Phone #(where you can be reached today)	