

## INTOWN ANIMAL HOSPITAL

Owner's name \_\_\_\_\_

Pet's name \_\_\_\_\_

Phone number \_\_\_\_\_

Procedure \_\_\_\_\_

Before putting your animal under anesthesia, we will perform a full physical exam. The Veterinarian will also perform pre-anesthetic blood testing on your pet. Pre-anesthetic blood testing allows the veterinarian to check your pet's organ function levels, hydration and general health. This is a requirement for all surgical procedures.

For your pet's safety and before all anesthetic procedures, we will place an IV catheter. Because the catheter is introduced directly into the vein, it must be placed in a very clean manner, requiring the shaving of your pet's fur.

For pain management and necessary sedation, all animals having a surgical procedure will be administered pain injections today as needed. This cost is **included** in the price of the surgery. The Veterinarian will call and discuss any additional medications (including additional cost) to go home with your pet prior to disc \_\_\_\_\_. **Yes, I consent.**

**Please indicate if you would like any of the following procedures performed while your pet is under anesthesia:**  
**Please make sure to select Y/N for each procedure.**

Placement of microchip (\$61.56): Y \_\_\_\_ N \_\_\_\_    Nail Dremel (\$51.52): Y \_\_\_\_ N \_\_\_\_  
E-collar (\$10-50): Y \_\_\_\_ N \_\_\_\_    Overdue/Upcoming vaccines: Y \_\_\_\_ N \_\_\_\_

**All pets will receive a courtesy ear cleaning and nail trim while under anesthesia.**

If you would like to decline these services please check here : \_\_\_\_

Please list any/all medication(s) your pet is currently on: \_\_\_\_\_

If yes, please list when medication given last: \_\_\_\_\_

Please indicate if your pet is allergic to: \_\_\_\_\_

If yes, please specify here: \_\_\_\_\_

The Veterinarian on duty will call you after surgery is completed. If you have not heard from us by 3:00pm please call 404-881-1805.

Pickup for pets is scheduled between 3:30-4:30 pm unless otherwise notified by veterinarian staff. **PETS PICKED UP AFTER 5:10PM WILL BE CHARGED A \$37.45 LATE FEE.**

I understand that there is always a risk involved while using anesthesia. I authorize the doctors and staff to perform life saving procedures deemed necessary in the event of an emergency. I also understand that I assume all financial responsibility for the services rendered, and that payment is due on the date of the surgery.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Initials (Required): \_\_\_\_\_