

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): _____