

Oakbrook Animal Hospital - Authorization for Surgery Anesthesia

Client Name _____

Pet Name _____ Age _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or older and authorize the veterinarians at OAKBROOK ANIMAL HOSPITAL to perform the below procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected life saving emergency care be required the staff will perform such treatment to the best of its ability and I agree to pay for such services. I will leave a phone number where I can be contacted in the event of an emergency or for general consultation. If I cannot be contacted I understand that the staff at Oakbrook Animal Hospital will use its best judgment in the treatment of my pet.

Anesthetic and surgical procedures to be performed _____

Client Svcs Initials: _____ Technician initial: _____

Pre-anesthetic testing and monitoring

I understand that a veterinarian will perform a pre-anesthetic exam before anesthetizing my pet. However, I also understand that problems can arise due to pre-existing conditions not detected during this exam. Therefore, the doctors on staff strongly recommend performing important blood tests prior to anesthesia to help identify potential risks. Results let us tailor anesthesia to your pet's needs or postpone the procedure if we find serious health problems. Our hospital is fully equipped to perform these important tests today. **Additional fees, listed below, apply.**

Recommended for senior pets, or pets with known health issues.

Pre-anesthetic blood testing
IV catheter and fluids
☐ **\$81.00**

Recommended for young, healthy pets

Pre-anesthetic blood testing
☐ **\$48.00**

☐ I decline the above services

Microchip Identification Implant

☐ Check if you would like your pet to have a Microchip implanted today. (\$59.99)

Parasites

If parasites (ticks, fleas or intestinal worms) are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets.

Services Needed: **DOG** ☐ Rabies ☐ Distemper ☐ Bordetella ☐ Lepto ☐ Fecal Test ☐ Deworm ☐ HWT
CAT ☐ Rabies ☐ FVRCP ☐ Leukemia ☐ Fecal Test ☐ Deworm ☐ FeLV/FIV test

Additional services desired while at hospital: _____

What, if any, medication is your pet taking? _____

Time of last dose? _____

Signature _____ Date ____/____/____

Daytime Phone (Emergency Contact) _____ **Texting OK? Yes NO**