



915 Highway 158 West
Roanoke Rapids, NC 27870
252-308-1882 Fax 252-308-9988

As the owner or agent of , I hereby give my consent to to perform the following procedures:
I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and the risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me of any obligation to all reasonable costs incurred regarding the animal.

All animals admitted **must** be current on their vaccinations and **must** be free of external parasites (fleas, ticks, ear mites). Any needed vaccination will be performed and any external parasites will be treated at the **owners' expense**.

PRE-ANESTHESIA BLOOD TESTING

Most dogs and cats tolerate anesthesia very well and have no anesthetic problems. A physical exam is performed on all pets before surgery; however, further testing can help to decrease the risk of anesthesia.

Please check your following choice(s):

- I would like to have a more comprehensive pre-operative work-up performed on my pet (blood profile, complete blood count). **This is recommended for sick pets and pets over the age of five. (\$85-95)**
- I would like to have the recommended heartworm test on dogs that are not on heartworm preventative or FELV/FIV test for all cats never tested.
- I would like to have any additional problems found addressed (i.e. eyes, ears, skin, intestinal worm check, etc.)

MICROCHIP

This is a microchip placed under your pet's skin where they can be identified if ever lost. This cost is \$40.00 which includes lifetime registration.

- I would like my pet to be micro-chipped. I decline at this time.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:

Owners Signature:

Pets Name:

Date: