

## **Consent Form for Sedation**

Date:	Patient:		Client:		Client #: _	
Is pet fasted? No (	O Yes O					
•		es O (Name/Dose/Last gi	wan)			
- •		es O (Name/Dose/Last gr	*			
Any signs of finess:	No O Tes O -					
Sedation \$65.50 H	ospitalization fee	s may also apply.				
Procedure to be per	rformed under s	<u>edation</u>				
<b>Examination \$98.50</b>	) (	Biopsy \$_	O			
X-ray \$172.50 (price	e may vary) (	Shave Do	wn \$81.50 O			
Ultrasound \$219.50	) (	)				
<b>Growth Removal</b>	(	O Would you like the g	growth sent for analysis?	No O Yes O (addition	onal fees a	pply)
Location of lump(s)	):		· · · · · · · · · · · · · · · · · · ·			
Other procedure: _						
pet recover more quickly.  Additional Options (Check accept or decline)				Cost	Accept	Decline
<b>Presurgical blood test for pets under 7 years:</b> Checks for proper organ functions, oxygen carrying ability of blood, ability to fight infection, platelets for proper clotting and to establish a baseline for future reference.				xygen \$87.50	O	0
<b>Presurgical blood test for pets 7 years and older:</b> Same as the presurgical blood test above but includes more extensive testing.				st \$121.50	О	О
<b>Pain Management:</b> A liquid medication given once daily for 3 days to help reduce pain and inflammation.					О	О
<b>Microchip</b> : A small chip used for identification throughout North America. It is implanted beneath the skin between your pet's shoulder blades.					O	О
Elizabethan Collar: Prevents licking or chewing of the incision area.					O	O
Medical Shirt: Prevents licking or chewing of the incision area.					O	O
<b>Pedicure:</b> Nails are clipped while your pet is under sedation.  **Cost will vary depending on the level of sedation the pet is under.					О	О
Vaccinations: Our	clinic recommen	ds all pets have up to date	vaccines. This helps pr	event the spread of infec	ctious disea	ases.
Core vaccines: \$98	8.75-123.50	I authorize vaccines O	My pet is vaccinated	O I decline vaccin	es at this ti	me O
do any other the and nature of the cure.  2. I hereby authori reasonable and i involving pathol.  3. Fees must be pair	rapeutic proced e procedures had ze and direct the necessary, includ- ogy and radiolog id before my pet		ent may dictate to be a and no warranty or g inic to provide such ad he administration of an thereto.	dvisable for my pet's w uarantee has been mad Iditional services for m nesthesia and the perfo	vell-being. le as to the y pet as th rmance of	The risks result or ey deem
Print name	the lonowing nu	mber(s)	Signature			
			515114141			