

AUTHORIZATION & CONSENT FOR HOSPITALIZATION/SURGERY/DROP OFF

From the doctors and staff of Ten West Bird & Animal Hospital

Owner's Name: _____ **Pet's Name:** _____ **Age:** _____

What number can we reach you at today: _____

I am the owner or agent for the above described animal and have authority to execute this consent and authorization of the following procedure/care:

Every animal undergoing anesthesia deserves fluid therapy and needs to be screened for internal problems not readily evident on the external physical examination: at a minimum these include drawing a single blood sample to evaluate **Packed Cell Volume, Blood Urea Nitrogen, and Total Protein** to ensure your pet's ability to undergo anesthesia. These three screening procedures **are necessary and CANNOT be waived**. While these are important tests they are minimal and do not give a full picture of your animals health, and for this reason we feel supplemental tests are in the best interest of your animal.

SUPPLEMENTAL TESTING:

In addition to the above required procedures or treatment, this patient deserves the diagnostic test or tests indicated below. This testing option allows us to do a full blood and body chemistry profile so a baseline can be established for comparison in resolving future health problems that may occur in your pet.

- _____ Pre-Anesthetic Panel (PALABC-6 chem panel, CBC) \$65.00 **required for all pets 6yrs and older.**
- _____ CPE Panel (12 chemistry panel, CBC, Electrolytes) \$159.50
- _____ CPET Panel (12 chem panel, CBC, Electrolytes, Thyroid) \$199.50
- _____ Urinalysis \$37.50
- _____ Blood Pressure \$13.00
- _____ Radiographs
- _____ Electrocardiogram (ECG)

I understand that during the performance of any procedure for the above pet, unforeseen conditions may be revealed that necessitates an extension of the foregoing procedures, or even different procedures, than those set forth previously. I hereby consent and authorize the performance of such procedures as deemed necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

I hereby authorize the use of appropriate anesthetics, pathologist examination of excised tissue(s) deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

Signature: **X** _____ Date: **X** _____

Payment policy:

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept Cash, Checks** (established accounts with local banks only and NO temporary checks allowed), **Visa, Mastercard, American Express and Discover**. In case of extensive medical or surgical procedures, the staff can assist with your application for Care Credit. There will be a \$25.00 service charge for any check returned unpaid.

Signature: **X** _____ Date: **X** _____