

Owner's Name: _____
Client #: _____
Street: _____
City: _____
Hm. Phone: _____
Wk. Phone: _____

Pet's Name: _____
Species: _____
Breed: _____
Sex: _____
Age: _____
Color: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I do hereby authorize and direct the veterinarians of East Lake Animal Clinic to administer a general anesthetic and perform the procedure(s) described below:

_____ **SPAY** (ovariohysterectomy) _____
and to perform any other procedure or treatment that, in the event of unforeseen conditions or complications, may be necessary or desirable in their judgment to promote or ensure the health of the above described pet. The nature of the procedure(s) and the risks involved have been explained to me and no guarantee has been made as to the results or cure. I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that any fee quoted is for routine, uncomplicated circumstances only.

Signed: _____ Date: _____

Phone number where I may be reached today: (____) _____

PLEASE LIST ANY ALLERGIES AND CURRENT MEDICATIONS: _____

PLEASE READ AND MAKE THE APPROPRIATE SELECTION BELOW:

General anesthesia and surgery are very stressful and potentially dangerous situations for any patient, but more so for the individual with undetected pre-existing health problems and for the elderly. In order to identify those patients ahead of time, we require a pre-anesthetic metabolic screening to establish the status of every patient. This is a set of blood tests used to verify normal function of organ systems vital for metabolizing anesthetics (kidneys, liver, blood sugar, anemia, etc.).

WAS YOUR ANIMAL FASTED? Yes ___ No ___

PLEASE MICROCHIP MY PET Yes ___ No ___

Staff initials _____