



CLIENT AUTHORIZATION

Owner _____ Pet's Name _____ Breed _____

Medical Treatment _____

Surgical Treatment _____

Please read carefully

Pre-Anesthetic Blood Profile

Your pet is scheduled for a procedure that involves anesthesia. Like you, our greatest concern is the well-being of your pet. Therefore, a Pre-Anesthetic Blood Profile is required to screen for kidney or liver problems and check for anemia. This Profile may greatly reduce the risk of anesthetic complications as well as identify medical conditions that could require treatment.

Extended Pain Management

While recovering from anesthesia, your pet will receive an injection for post-surgical pain relief. We recommend, for the comfort of your pet, that pain management be continued for three days after surgery. Injections will be given in the hospital and medications will be dispensed for home use. There will be an additional charge of \$_____ for Extended Pain Management.

Please initial next to one statement:

- Yes, I want extended post surgical pain management for my pet. _____
- No, I do not want extended post surgical pain management for my pet. _____

Laser

The surgical procedure your pet will undergo can be performed with Laser. The use of Laser results in less surgical bleeding, less inflammation and less pain for your pet. There is an additional charge of \$_____.

Please initial next to one statement:

- Yes, I want Laser used for my pet's procedure. _____
- No, I do not want Laser used for my pet's procedure. _____

Identification Microchip

Please initial next to one statement:

- Yes, I want a Home Again Identification Microchip placed in my pet while under anesthesia _____
- No, I do not want a Home Again Identification Microchip placed in my pet today _____
- My pet already has an Identification Microchip _____

Extended intravenous fluids administration is required for pets 7 years of age and older.

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I also authorize the use of appropriate medications as indicated. I have been advised to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I agree to make payment in full for services rendered prior to my pet's discharge from Markham Animal Clinic, Ltd.

Signature _____ Date _____

Today's Contact Telephone Number(s) _____ I prefer a **text** at _____