

North Bay Animal Hospital

4740 Hwy 389

Lynn Haven, FL 32444

850-265-9435

Owner _____ Patient _____

Procedure _____ Emergency Phone Number _____

Surgical Release

I understand that the doctor and staff will use all reasonable precautions against injury, escape or death of my pet. I understand that anesthesia and surgery involve some risk to my pet and give permission to proceed with anesthesia and surgery.

Signed: _____ Date: _____

Pre-Anesthetic Testing Authorization

Advances in anesthesia and surgery have made routine surgery much safer. A physical exam alone will not identify all potential problems; therefore we strongly suggest a pre-anesthetic profile or laboratory test be performed prior to anesthesia to help us identify any underlying health problems your pet may have. The tests we recommend are very similar to and equally important as those tests your physician would perform before you would undergo anesthesia and surgery.

Pets 6 years and under: CBC and 6 chemistry panel - addl. \$48 charge

Pets 7 years and over: CBC and 12 chemistry panel - addl. \$79 charge

I approve the pre-anesthetic testing.

I decline the recommended pre-anesthetic testing and request that you proceed with the anesthesia.

Signed: _____ Date: _____

*Please note that any retained deciduous (puppy) teeth **will** be removed at an extra charge.

*Please check any additional services you would like performed while your pet is under anesthesia: Nail trims are included at no extra charge.

Microchip-DATAMARS (\$50.00)

Clean ears (\$10.00)

Express anal glands (\$12.00)