

CLEVELAND VETERINARY HOSPITAL

CONSENT FOR DENTAL/MEDICAL/SURGICAL PROCEDURES

Date _____ Pet's Name _____ Contact # _____

I authorize Cleveland Veterinary Hospital to perform the following procedure(s):

I also authorize the use of anesthetics, diagnostic procedures, treatment procedures as deemed necessary for the safety of my pet. I realize that administration of anesthetics, drugs, surgical procedures, and treatment procedures carry a small but realistic possibility of side effects, complications and even death. I recognize the nature of the procedures that will be performed and the possibility of risks. I acknowledge that no guarantee or assurance has been made as to the results of the above procedures.

MICROCHIP

- I request a microchip while under sedation for a cost of \$50.40.

YES _____ NO _____ I want to talk to the technician about microchips.

SAFETY AND COMFORT PACKAGE

PRE-ANESTHETIC BLOOD TESTS

- IDEAL FOR ALL PETS

I want a full profile performed before surgery or dental services to help identify any underlying problems and establish medical laboratory values which will benefit my pet now and in the future. The tests cost \$123.80

YES _____ NO _____

- Minimum for pets under 5 years

I want to have a pre-anesthetic blood screening performed for my peace of mind and the health of my pet prior to the surgical or dental procedures at a cost of \$20.00. This test is the minimum recommended for pets under the age of 5 years.

YES _____ NO _____

- Minimum for pets over 5 years

I want to have a pre-anesthetic blood screening performed for my peace of mind and the health of my pet prior to the surgical or dental procedures at a cost of \$30.50. This test is the minimum recommended for pets over the age of 5 years.

YES _____ NO _____

PAIN MEDICATION

- I am very concerned about my pet's comfort and I approve the use of extra pain medication during and after surgery or dental procedures for an additional cost of \$17.20.

YES _____ NO _____

- Therapeutic Laser for pain or discomfort following surgery at a cost of \$10.00.

YES _____ NO _____

- I want to talk with a technician about pain medication to take home.

YES _____ NO _____

* An extra charge will be added for heat or pregnancies.

Signature of Owner: _____