## Northwood Veterinary Clinic 13949 Peyton Dr.

## **Pre-Anesthetic Release Form**

Owner: Street: Phone:	Patient: Breed: Color:	
I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the animal described above, that I do hereby give Dr. Chase, his associates, and/or employees full and complete authority to perform the medical procedure(s) described as:		
Note: With all dental cleanings there is a possibility that your pet will need extractions.  All extractions are performed at the Doctors' discretion with your pet's health in mind.  Any extractions and/or antibiotics are an additional charge.		
Signed Date:	Daytime Phone#	-
WE HIGH	ILY RECOMMEND TESTING OF OLDER	R PETS
	has risks and serious complications may result. <b>Blood tests</b> help identify hety, and help you care for your pet better.	nidden internal
Basic Pre-Op	Checks function of kidneys, liver, pancreas, and the ability of the body to fight infection.	\$57.00
Full Profile	This profile is more detailed and extensive than the Basic Pre-Op. We suggest it for sick or older pets.	\$98.00
<b>No, I decline any pre-anesthetic blood testing.</b> The risks have been explained and I understand that the doctor can't guarantee a cure or prevent any unforeseen complications.		
No, blood testing was previously done on (Date)		
Pain Management	Includes post and pre-operative pain management which makes pets more comfortable	\$20.00
Microchip	Includes implantation and registration papers	\$54.00
Other Services	Please let us know if you would like any additional services performed like nail trims, ear cleaning, etc.	