

Owner's Name: _____ Pet's Name: _____

Procedure: _____
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I hereby authorize the Harrison Animal Hospital to perform the above listed procedure(s) on my pet. I am aware and understand that there are risks involved in any procedure and realize that no guarantee, nor warranty, can ethically or professionally be made regarding the results or cure. I also authorize the Harrison Animal Hospital, in an emergency situation, to render care necessary for the wellbeing of my pet until further communication with me.

ALL SERVICES RENDERED MUST BE PAID IN FULL BEFORE THE PET CAN BE RELEASED FROM THIS HOSPITAL

• A pre-anesthetic exam is recommended for all new patients. This costs \$26.00.
Yes, I want this exam: _____

• Pain management is very important in your pet's recovery. We will administer pain meds at the time of surgery. We recommend that you pet stays on pain medication for 5-7 days post-op. These may cost from \$12.00-\$21.00
Yes, I want these medications: _____

• Many of the drugs used for anesthesia are removed from the body by the liver or kidneys. Our onsite laboratory lets us screen for hidden problems before you pet's procedure begins so steps can be taken to assure the safest procedure possible. These tests are even more important as your pet ages.

The costs are as follows:

- 1. Pets less than 2 years of age: pre-anesthetic screen _____ \$36.50
- 2. Pets 3 to 8 years of age: pre-anesthetic screen and CBC _____ \$43.50
- 3. Pets 9 years and older: complete chemistry, CBC and urinalysis _____ \$62.00

• A heartworm test is advised on all dogs older than 6 months and not on year-round preventative.
This test costs \$15.75 Yes, I want this test: _____

• Feline Leukemia and Feline AIDS tests are advised for all cats new to your home or not previously tested or vaccinated.
This costs \$45.00 Yes, I want this test: _____
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Please check if you wish any of the following:

- Toe Nail Trim: _____ \$7.00
- Home Again Microchip: _____ \$39.00
- Elizabethan Collar: _____ \$13.75

Signature of Owner or Responsible Agent _____ **Date** _____