

LAKE GENEVA ANIMAL HOSPITAL

Authorization For Professional Services

Name of Owner/Agent _____

Name of Pet _____ canine/feline F ___ M ___ Age _____

I am the owner/agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize Lake Geneva Animal Hospital to perform the following procedure(s):

The nature of such service has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results of care. These **options** are in addition to the basic procedure cost.

By law, I understand that if I am a new client, if my pet has never been seen at this clinic, or if my pet has not been examined in the last three months, I will incur an exam fee of \$35.50. It has been explained to me that legally an exam must be completed to establish a doctor/client relationship prior to surgery.

I further understand that anesthesia carries some risk; therefore, blood testing is recommended before general anesthesia. The anesthetic agents are removed from the body by the liver and kidneys, so it is important for us to know before anesthesia that these organs are functioning properly. Blood testing helps us make this determination and is recommended for all pets, **especially** those pets that are 7 years of age or older. **Pain management protocol is included with all routine spays, neuters and declaws.**

PRE-ANESTHETIC BLOOD TESTING

Ages <4 years Complete Blood Count (assesses anemia, infection, clotting cells)
\$63.00 *kidney (BUN, CREAT) *liver (ALT, ALP) *hydration (TP)
*Diabetes (GLU)(ALB)

Ages >4 Years Complete Blood Count and 12 test Chemistry Profile which
\$78.00 screens the kidneys, liver, hydration status, pancreas,
check for diabetes, and for some cancers.

Accept _____ **Decline** _____

LASER SURGERY is now available for our patients. This technology allows for little or no blood loss, little or no surgical site swelling, and **less post-operative pain**. This allows us to offer the best possible care to our patients. (**Laser price included for all cat declaws**)

Accept _____ **Decline** _____

Cost \$ 44.50

While under anesthesia it is an opportune time to do other procedures. Please authorize any other procedures requested for your pet:

DOGS: *All pets vaccinated and Heartworm tested are given a physical exam Prior to the procedure at a cost of **\$35.50** (This excludes Bordetella)

Heartworm Blood Test	\$23.00	Yes_____	No_____
Heartworm/Lyme/Erlichia	\$38.50	Yes_____	No_____
Distemper Combo Vaccine	\$17.00	Yes_____	No_____
Puppy Distemper 1st-3rd	\$15.50	Yes_____	No_____
Rabies Vaccine 1yr.	\$18.50	Yes_____	No_____
Rabies Vaccine 3yr.	\$26.00	Yes_____	No_____
Lyme Vaccine	\$27.50	Yes_____	No_____
Bordetella (Kennel Cough)	\$15.50	Yes_____	No_____

CATS: *All pets vaccinated are given a physical exam prior to vaccination at A cost of **\$35.50**

Distemper Combo Vaccine	\$17.00	Yes_____	No_____
Feline Leukemia Vaccine	\$15.50	Yes_____	No_____
Rabies 1 yr.	\$18.50	Yes_____	No_____
Rabies 3 yr.	\$26.00	Yes_____	No_____
Feline Leukemia/FIV test (recommended for all cats)	\$34.50	Yes_____	No_____

DOGS/CATS

Fecal Exam (check for parasites)	\$16.00	Yes_____	No_____
Microchip	\$51.50	Yes_____	No_____
Nail Trim	\$14.00	Yes_____	No_____
Ear Cleaning	\$11.00	Yes_____	No_____
Express Anal Glands	\$13.00	Yes_____	No_____

I accept financial responsibility for all services rendered, and that **payment is due on the date of discharge**. Any additional medications or supplies purchased will be at an additional charge. Please note that prices are subject to change.

Signature of Owner/Agent _____ **Date** _____

Phone number where you may be reached today: _____