

Client: _____

Patient: _____

I am the owner/agent of the animal described above and give Finn Hill Animal Hospital permission to perform anesthesia and the following:

Procedure: _____

While there are risks associated with general anesthesia, be assured that Finn Hill Animal Hospital will take every precaution to minimize risk by always performing the following:

- **Physical exam prior to anesthesia**
- **Multi-parameter monitoring (blood pressure, EKG, CO2, Heart/respiration, temp.) Intravenous (IV) catheter and fluid therapy**
- **Preoperative and postoperative pain control injections**
- **Endotracheal intubation and Oxygen therapy**
- **Injectable and inhalant (Isoflurane or Sevoflurane gas) anesthetics based on pet's age and specific medical needs**

Does your pet have any history of SEIZURES? Yes No

If you can't be reached, do you want the veterinarian to proceed at their discretion? Yes No

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia - Phone number: _____

Additional Services (optional but highly recommended)

- Pre-Operative Bloodwork (\$164.50)
- Microchipping (\$62)
- Fecal Testing (\$65)
- Canine Heartworm Testing (\$109.50)
- Feline Triple - HW/FeLV/FIV (\$129.50)
- Simparica Trio / Bravecto (dogs) Revolution Plus (cats)
- E-Collar (cone) / Surgical Suit
- Dental X-Rays (\$145) *if having dental procedure*

Additional Notes

I hereby authorize Finn Hill Animal Hospital to perform such diagnostic, therapeutic, and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I have been given an estimate if requested and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner's/Agent's Signature: _____

Date: _____