



SURGERY CONSENT FORM

Pet's Name: _____ Date _____

I authorize May Veterinary North to perform _____ on the above listed pet(s). This procedure will be performed using general or local anesthesia, or sedation. I understand and accept the potential risks associated with the above described procedure.

PRE-ANESTHETIC TESTING

BECAUSE NO PROCEDURE USING ANESTHESIA IS WITHOUT SOME RISK, A Pre-anesthetic blood profile is highly recommended. We will perform a thorough physical examination prior to the administration of any anesthesia, however, not all pre-existing problems may be evident physically. This profile consists of a Complete Blood Count, Blood Glucose, Total Protein, Alkaline Phosphate, ALT, BUN and Creatinine. The cost of these tests separately is \$155.00 but if performed as part of our GROUP ANESTHETIC PROFILE, the cost is only \$99.50. **This charge may not have been included in the estimated price for your pet's procedure.**

_____ **YES**, please perform pre-anesthesia blood tests on my pet before proceeding with the scheduled anesthesia/surgery/dental specified above.

_____ **NO**, please do NOT perform pre-anesthesia blood tests on my pet, but please proceed with the scheduled anesthesia/surgery/dental specified above.

Signature of Owner or Authorized Agent

Date

HomeAgain Microchip

May Veterinary recommends that all pets have a microchip implant. The HomeAgain Microchip can be implanted while your pet is under anesthesia, or at any other time. The microchip can help return a lost or stolen Pet. The cost of the implant and registration is \$60.50. Please ask for details.

_____ **YES**, I would like to microchip implanted in my pet.

_____ **NO**, I do NOT want the microchip implanted in my pet at this time.

You may reach me today at (ph#) _____ Name: _____