

PATIENT: _____
 OWNER: _____
 DATE: _____
 CLIENT ID: _____



(949)858-3181

Pre-Anesthetic Consent and Blood Screen

I hereby grant permission for the following procedure(s) to be performed by the admitting veterinarian or designated associates and assistants: _____
 (Please write requested procedure(s) here)

I understand that anesthesia will be used on my pet. I also understand that the Doctor will perform a physical examination, certain laboratory tests and an EKG to help identify potential risks that could endanger my pet and to assess his/her ability to undergo anesthesia. Our hospital laboratory is fully equipped to perform these necessary blood tests and the Doctor will have the results before anesthesia is administered. For the best care and well being of your pet, the staff of Santa Margarita Animal Care Center has instituted a comprehensive in-hospital pain management program. Every effort will be made to insure your pet's comfort while he/she is in our care. Oral and/or injectable medications will be given as needed for pain relief.

The cost of the Pre-Surgical Profile/EKG and In-Hospital Pain Management is \$166.00.
 (If your pet has had this bloodwork performed in the last 14 days, \$53.00 will be deducted from this fee.)

We recommend all kittens, newly adopted cats or cats that go outdoors be tested for the deadly viral diseases called Feline Leukemia (FeLV) and Feline AIDS (FIV). These tests can be preformed when your cats blood is drawn.

Yes. Please test my cat for FeLV and Feline AIDS at the cost of \$63.00.
 No. I do not want my cat tested at this time for FeLV and Feline AIDS.

We offer microchip implanting while your pet is under anesthesia. It is a safe and lifelong identification, which will enhance the chance of retrieving your pet if they become lost.

Yes. Please implant a microchip in my pet at the cost of only \$29.00. *INCLUDES Lifetime nationwide registration*
 No. I do not want a pet microchip.

We recommend X-ray screening for hip dysplasia in all large breed dogs at approximately 6 months of age.

Yes, Please X-ray my dog at the cost of \$ 108.00 **No, I decline X-rays at this time.**

If other problems requiring correction are found,
 I may be reached at the following phone number(s): _____

If the hospital staff calls and cannot reach me by phone, please proceed as follows:

Yes. Do whatever is necessary at this time to avoid my pet undergoing a second anesthetic procedure for the additional work.
 No. Do not do any work that has not been previously discussed.

Signature: _____ Date: _____
 Owner's Birthdate: ____/____/____ (*Required for dispensed pain medication)



**30052 Santa Margarita Pkwy
Rancho Santa Margarita, CA 92688
949-858-3181**

Laser Surgery

We have the option of using a surgical laser unit for your pet's surgery.

The benefits are:

1. Less pain. The nerve endings are sealed.
2. Less bleeding. The blood vessels are sealed.
3. Less swelling. The lymphatic vessels are sealed.
4. Lower infection rate.

There are supplemental fees charged for the use of the laser, depending upon the degree of difficulty for the surgery and the length of the procedure.

Would you like us to use the laser today? YES: _____ NO: _____

Signature: _____ **Date:** _____