Authorization for Anesthesia and/or Surgery

LAKESIDE VETERINARY SERVICES PLLC 25352 HIGHWAY 82 PARK HILL, OK 74451 918-453-2655

Date	of Procedure
Client	's Name Pet's Name
Proce	dure to be performed
	I understand that risks always exist with anesthesia and/or surgery and after having discussed any concerns I have about those risks, I authorize the following pre-anesthetic PROCEDURES to be performed: YES NO Complete blood count \$22.00 (checks for anemia and infection) YES NO Blood chemistry panel \$45.00 (checks kidney, liver, and blood glucose) YES NO Heartworm test \$22.00 YES NO Feline leukemia/FIV test \$40.00 YES NO Anti-nausea medication \$15.00 (prevent vomiting after surgery)
	If unexpected life-saving emergency care is required, the hospital staff has my permission to provide oxygen and/or medications and I agree to pay for such service (\$6.00 – \$25.00) Yes No
	I understand that all surgical patients will receive pain medication.
	If additional or different procedures are required, I will be notified by telephone before such procedures are performed.
	I would like the following options during or after anesthesia: ☐ Home Again microchip for identification \$45.00 ☐ E-Collar to prevent licking and chewing \$9.00 - \$17.00 ☐ Fecal Exam \$15.00 ☐ Deworming − Price depends on weight ☐ Text to let me know my pet is doing well #
	All procedures will be performed to the best of the abilities of the staff at this facility, but there is no guarantee or warranty regarding the results that may be achieved.
	I certify that I am over 18 years of age and that I am the owner or agent of thill pet and I authorize Dr. Amber R. Horn and the staff at Lakeside Veterinary Services PLLC to perform the procedures we have agreed on.
	PAYMENT IN FULL IS REQUIRED BEFORE YOUR PET LEAVES THE HOSPITAL
Signatu	ure: Date:
Phone	number you can be reached at today