GOODLETTSVILLE ANIMAL HOSPITAL AUTHORIZATION FOR SURGERY OR SEDATION

Client	Patient	Date
I am the owner or the a execute this consent.	igent for the owner of the animal de	scribed above, and I have the authority to
I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.		
I realize that no guarante procedure.	ee or warranty can ethically or profess	ionally be made regarding the results of the
PRE-ANESTHETIC	SCREENING	
day of surgery. These to	ests allow us to verify proper organ fu	a have a pre-anesthetic blood test done the anction (prior to anesthesia) and to establish lder will be required to have pre-anesthetic
	ne pre-surgical bloodwork. (My pet is	under 6 years of age.)
	commended pre-surgical bloodwork. mini-panel	
	general health profile \$178.00	
таттоо		
We offer to place a tattoo along the surgery site, at no charge, to indicate that your pet has been spayed or neutered. This is helpful in the case should your pet go missing.		
[] I do not req [] I do request		
I understand that is additional cost. (Dogs		bese at the time of surgery, there will be an
MICROCHIPPING		
Losing a pet may be easier than you realize. 1 in 3 pets goes missing during its lifetime. Without ID, 90% of pets never return. Microchipping can provide peace of mind with a permanent, lifetime ID.		
[] I do not request a [] I do request a mic		eAgain annual of \$22.00 included) total \$101.00
I HAVE READ THIS DISCLAIMER, UNDERSTAND WHAT IT SAYS, AND AGREE TO IT. I CERTIFY THAT I AM 18 YEARS OF AGE AND I AM ASSUMING FULL FINANCIAL RESPONSIBILTY FOR THIS ANIMAL.		
Signatura		Day of Surgary Phone