SPAY/NEUTER AUTHORIZATION

Memorial Beach Veterinary Hospital

ANESTHETIC SAFETY:

- **Pre-anesthetic Blood Screen**

For the protection of your pet, we highly recommend that a pre-anesthetic blood profile be performed. **This profile is mandatory for all pets 6 years of age or older but highly recommended for any age.** This testing will insure that your pet is in a low risk category during anesthesia by ruling out internal problems that ***may not be evident physically,*** but could lead to complications. You may elect to have this testing by checking the appropriate box below. **The fee for this test is $ 69.00.**

		Initial
I authorize above testing	(**required if 6 yrs or older**)	_____
I do not authorize above testing		_____

- **IV Safety (**not applicable for male cat neuters)

Intravenous catheter & fluids is the standard of care for all human anesthetic procedures & advised for our pets to increase safety, protect vital organs & speed anesthetic recovery. It is recommended for any age but required for pets that are obese, 6 years of age or older, or in advanced pregnancy. This is offered at a **discounted fee of $69**.

I authorize above IV safety	(**required if 6 yrs or older**)	_____
I do not authorize above IV safety		_____

IN HEAT/PREGNANT: (Female pets only)

I understand there will be an additional fee if my pet is in heat or pregnant. _____

MICROCHIP IMPLANT:

I elect to have a microchip instilled painlessly $35 (normally $48) **Yes** **No**

FLEAS/TICKS/PARASITES:

I understand we will treat fleas, ticks, or parasites if noted at additional fee. _____

ANCILLARY PROCEDURES:

Often other problems are discovered that are best handled on the day of surgery or during anesthesia. Examples: cleaning of infected ears or treating ear mites, removal of retained baby teeth, removal of prominent dewclaws etc. In the case that any of these might be necessary, **I authorize** the following: (**Please check one)**

- ❑ A. Do whatever is deemed to be in my pet's best interest
- ❑ B. Try to reach me at my number below, but if unable, do what's deemed in my pet's best interest
- ❑ *C. Do not do other procedures without contacting me.

If you check this box we may not be able to do every thing needed if we can't reach you immediately. This may require an additional anesthesia at a later date.

Phone # Primary_____ **2ndary**_____ (Usually between 9:00 AM & 1:00 PM)

Owner Name_____Pet_____Date_____

Signature of Owner or Authorized Agent_____