

Owner: _____ Pet's Name: _____ Breed: _____ Date: _____

Procedure(s): _____

1. **Blood Testing:** Pre-anesthetic blood testing is recommended prior to surgery as it may help to detect any internal problems that may not be evident on physical examination and may affect anesthesia and/or recovery. The process involves drawing a single blood sample and is very similar to what your own physician would do prior to surgery. ****Pre-anesthetic blood testing required prior to anesthesia for any patients 4 years of age and older.***
 Yes, I want blood testing. No, I decline.

Feline Leukemia Virus Testing (*Cats only):

Feline Leukemia Virus is a contagious virus causing an incurable infection that can affect your cat's immune system and cause health complications for the duration of its life, if infected.

Yes, I want a FeLV test. No, I decline.

2. **During Anesthesia:** While your pet is under anesthesia, it is a good time to perform the following procedures.
 - a. **Microchip Implantation:** This involves inserting a permanent microchip for identification which will increase the chances of returning your pet to your home if he/she becomes lost or stolen.
 Yes, I want my pet microchipped. No, I decline.
 - b. **Nail Trim (No extra charge):**
 Yes, I accept. No, I decline.

3. **Pain Management:** Pain medication is required following all surgical procedures and dental extractions to make your pet's recovery as smooth and comfortable as possible. Pain medication may be sent home in the form of pills (most canines) or your pet may receive onetime injection while here (most feline procedures).

***Please note:** *All surgical patients must have had application of a flea preventive within the last 30 days* and those that have not will be treated with a topical preventive at an additional expense. Likewise, *animals must be current on Rabies vaccines*, pets unvaccinated or overdue for Rabies immunization will be vaccinated at an additional expense. **Current on Flea Prevention: No Yes (Product: _____)**

I, being the responsible party for the above animal, authorize the performance of the procedure(s) outlined above by the professionals and staff at the Readlyn Veterinary Associates, P.C. I understand that anesthesia always involves some amount of risk and that during the performance of this/these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Readlyn Veterinary Associates to use reasonable care and judgment in performing the procedure(s) to the best of their abilities. I realize that no guarantee or warrantee can ethically or professionally be made regarding the results or cure. I am also aware that unforeseen complications resulting from the procedure(s) will not relieve me from any obligations to all reasonable costs incurred regarding the animal.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. *I also understand that these charges will be paid at the time of my pet's release* and that a deposit may be required for surgical treatment. Unpaid balances will result in animal(s) being retained at additional expense until all charges are paid in full.

Signature of Owner or Responsible Party

Date

Phone Number(s)

*Would you prefer a text message when your pet is out of surgery? (Y/N)

Email (We will send pertinent discharge instructions to this email)

Readlyn Veterinary Associates has permission to use my pet's image and name in social media posts and promotional materials. (Yes _____ or No)
Please circle and initial

**For Office Use*

Owner Contacted: YES NO