Dr. Pal's Small Animal Practice
21782 Royalton Rd
Strongsville, OH 44149
(440)238-7179

	Patient:		Age:
	Species:		Sex:
	Breed:		Tag:
	Color:		Weight:
Acc. No:	Provider:		Microchip:
Phone:			

We appreciate your confidence in our staff and medical facility. It is our pledge to provide the very best in health care for your valued family pet. We expect your pet to do well during anesthesia and designated procedure(s) performed; however, as in human medicine, there are always risks even occasionally death associated with anesthesia and any medical or surgical procedures.

As owner/agent of the above animal, I hereby give my consent andauthorization to Dr. Pal"s Small Animal Practice to perform the following procedures:

1._____ 2._____ 3._____ 4._____ 5._____

PROCEDURE CONSENTFORM

I authorize the doctors and appointed technical staff of Dr. Pal"s Small Animal Practice to administer medications, anesthetics, and to perform the above listed procedures on my pet. I understand the risks of anesthesia, dental, or surgical procedures and I acknowledge that no assurances or guarantees have been made to me as the result of today"s anesthesia, and/or designated procedures.

PRE-ANESTHETIC BLOOD TESTING

Like you, our greatest concern is the well being of your pet. Although a complete physical examination will be performed prior to anesthesia, we require a pre-anesthetic blood profile screen for all pets to determine important information on your pet"s internal health. As your physician would require of you prior to anesthesia, this will allow us to more properly evaluate your pet"s basic condition, and to help us determine if we need to take additional precautionary measures with your pet. It also may indicate (even on a young animal) that we should avoid the procedure altogether until a discovered problem is corrected. State of the art equipment enables us to perform the pre-anesthetic blood profile within thehospital and we are committed to making this technology available to your pet.

PAIN MANAGEMENT: It is required that pain relief medication for all surgical patients be provided.

I HAVE READ THIS CONSENT FORM AND I UNDERSTAND ITS TERMS. I DO NOT HAVE ANY QUESTIONS AND I AUTHORIZE DR PAL"S SMALL ANIMAL PRACTICE TO PERFORM THE PROCEDURE(S).

Would you like to receive a phone call or a text message when your pet is read to go home:

Best number to be reached at:_____

Phone call:_____   Text Message:_____
          (Owner's Initials)   (Owner's Initials)

_____   _____
SIGNATURE OF OWNER/AGENT   DATE