Client's name			
Phone (H)	(C)	(W)	
Pet's name	Sp	peciesWeight	
Breed	Age	Sex	
Owner Nouncation (Contact Number	er):	Revised 09/2015	
SURGERY AND ANESTHESIA	AUTHORIZATION		
As owner (or agent for the owner) of surgical and anesthetic procedure list abilities, I realize the clinic makes not escape, or become ill, or die, I won't clinic to use reasonable precautions	f the pet described above, I authorize No sted below. While I expect all the proce- o guarantee or warranty regarding the re	C and its employees responsible. I expect the pay in full when the pet is discharged.	
Signature		Date	
PREANESTHETIC TESTING RI	<u>ELEASE</u>		
dehydration, diabetes, or hypoglycestests are similar to those your own p	mia. These conditions may not be detectly bysician would run if you were to under	tor to the presence of kidney or liver disease, sted without a pre-anesthetic profile. These rgo anesthesia. In addition, the results of is develop faster, more accurate diagnosis and Glucose (Blood sugar) ALT and ALP (Liver)	
I accept / Decline the above bloodw	ork. (Circle one)	Ψ+3.00	
	,		
Signature		Date	
performed prior to anesthesia. If the	kelihood for organ issues; therefore, we results are abnormal, we may simply ne	require that a full chemistry profile be seed to alter the type of anesthetic used during oblem and treatment options. A full chemistry	
Total Protein (Dehydration) Sodium Potassium	ALT and ALP (Liver) Total bilirubin (Liver) Amylase (Pancreas)	\$65.00	
I have fully read, understand, and ag	gree to the above statements.		
Signature		Date	