Client's name_		Date
Phone (H)	(C)	(W)
Pet's name	St	peciesWeight
Breed	Age	Date
Owner Notification (Contact Numb	er):	Revised 06/2016
SURGERY AND ANESTHESIA	AUTHORIZATION	
surgical and anesthetic procedure lis abilities, I realize the clinic makes n escape, or become ill, or die, I won' clinic to use reasonable precautions	sted below. While I expect all the proce o guarantee or warranty regarding the re	
I give my consent to Northern Flam	s Annhai freath i C to perform the fond	wing procedure(s).
Cianatura		Data
Signature		Date
PREANESTHETIC TESTING R	<u>ELEASE</u>	
chemistry profile be performed to me dehydration, diabetes, or hypoglyce tests are similar to those your own p	naximize patient safety and alert the documia. These conditions may not be detectly bysician would run if you were to under	ion. We also recommend that a pre-anesthetic for to the presence of kidney or liver disease, eted without a pre-anesthetic profile. These rgo anesthesia. In addition, the results of as develop faster, more accurate diagnosis and Glucose (Blood sugar)
	Total Protein (Dehydration)	
		\$47.00
I Accept / Decline the above bloody	vork. (Circle one)	\$17.00
Signatura		Date
Signature		Datc
Older (7 years or older) or ill pati	ent:	
performed prior to anesthesia. If the	results are abnormal, we may simply no	e require that a full chemistry profile be seed to alter the type of anesthetic used during soblem and treatment options. A full chemistry
BUN and Creatinine (Kidney) Total Protein (Dehydration) Sodium	Glucose (Blood sugar) ALT and ALP (Liver) Total bilirubin (Liver)	
Potassium	Amylase (Pancreas)	\$65.00
I have fully read, understand, and ag	gree to the above statements.	
Cianatana		Data