



312 Grand Avenue  
West Des Moines, IA 50265  
515-274-3489

Client Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Patient Name \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Sex \_\_\_\_\_

**AUTHORIZATION AND CONSENT**

I, the undersigned owner or authorized agent of the animal named above, hereby authorize the doctors of Grand Avenue Veterinary Hospital and their assistants to administer such treatments and to perform such procedures as listed below, including the administration of general anesthesia. I also authorize the use of such anesthetics as determined to be necessary for the above-mentioned procedure(s). I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the veterinarians of Grand Avenue Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me, including death, and I understand results cannot be guaranteed. I am also aware that unforeseen complications, including death, resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. **I understand that I am encouraged to discuss any concerns I have about those risks with the doctor before any procedure is initiated.**

1) \_\_\_\_\_

2) \_\_\_\_\_

Microchip Implant? ( ) Yes ( ) No ( ) Already Done

**Pre-Anesthetic Blood Tests**

Advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Like you, we are concerned about the well-being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. We use the safest anesthetic agents available. However, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To attempt to avoid these problems, all patients will be screened prior to anesthesia by means of the following laboratory tests. By taking a sample of your pet's blood, we perform blood chemistry tests to give us an inside look at your pet's vital organs and let us know if they are functioning normally. These pre-anesthetic blood tests will occasionally detect unexpected abnormalities, and the anesthetic or surgical procedure may be modified or postponed, depending on the severity of the problem. Finding abnormalities

before your pet shows symptoms of disease and while he/she is still apparently healthy, we have the opportunity to begin early treatment to improve the quality of your pet's life. Should your pet's blood work be minimally abnormal the doctor may still consider proceeding with the anesthetic procedure. An IV catheter will also be placed in your pet's front leg as a safety precaution and to replace any blood lost with fluids; this resulting in a small shaved area on the leg.

A patient with the burden of Heartworm Disease can experience complications under anesthetic, therefore, canine patients will also receive a heartworm test, if not current, to rule out complications associated with Heartworm Disease.

According to the age of your pet, your pet will receive:

\_\_\_\_\_ Pets under 7 years of age  
CBC, electrolytes and 10 chemistry panel

\_\_\_\_\_ Pets 7 years and over of age  
CBC, electrolytes, 17 chemistry panel

\_\_\_\_\_ Heartworm Test (Dogs not tested within the past year or not currently taking preventative)

\_\_\_\_\_ FELV/FIV Test (Indoor cats never tested and unvaccinated outdoor cats not tested within a year.)

If your pet is having a dental procedure performed, we will perform dental x-rays to check for disease under the gums that cannot be seen on physical exam. Based on exam findings under anesthesia and x-rays, it may be necessary to extract loose, fractured, infected and/or diseased teeth. Please check below if you would like us to perform any necessary additional dental procedures as recommended by the veterinarian or if you would like us to contact you before proceeding. We will make every attempt possible to contact you, but if we are unable to make immediate contact with you, we will proceed in the best interest of the patient and you will be responsible for any additional costs as follows:

**Extractions:** \$10 - \$85 per tooth depending on location, state of the tooth and time required for extraction. Additional cost involved with extractions may also include but are not limited to additional anesthesia, equipment, pain medications and antibiotics

\_\_\_\_\_ Please perform additional dental procedures as deemed necessary. I understand that I am responsible for any additional cost for these procedures.

\_\_\_\_\_ Please contact me before performing any additional dental procedures.

\_\_\_\_\_ Phone number you can be reached immediately during procedure  
Would you like text updates? Yes No

\_\_\_\_\_ Cell phone if different than above

\_\_\_\_\_ Signature of owner or responsible agent

\_\_\_\_\_ Date