## CONSENT FORM Elkhorn Animal Hospital 402-289-4285

Client		Patient		_	Date
Procedure		Telephone number(s) we can reach you at today			
	PLEASE F	READ CAI	REFULLY A	ND SIGN	
•			- anesthe - surgica	esia Il monitoring	as necessary)
prior to anesthesia. T before anesthetic ind undergo a surgical pr	The latest technology uction. These tests rocedure. The result	has enabled are similar ts of these t	d us to run saf to those you tests will also	e and accurate to r own physician serve as refere	et is in a low risk category blood chemistries minutes in would run were you to ence values for future use st of the surgery itself.
PROFILE #1	HEALTHY PA	ATIENTS U	UNDER 7 YI	EARS OF AGE	$\mathbf{COST} = \$95.00$
Includes:	Complete Blood (BUN (kidney) TP / Electrolytes	ALKP (li	ver) Glucose	fection, clotting) (sugar) ALT (l ne (kidney)	iver)
PROFILE #2	PATIENTS OV OR PATIENTS V				COST = \$105.00
Includes:	all the tests in Pro	ofile #1 <b>plus</b>	s_expanded test	ing of concern fo	or older pets.
CHECK ONE:	Profile #	1 I	Profile #2	Decline	pre-surgical testing
Senior Wellness Pr	OR PATIENTS V	WITH QUES		IEALTH STATU	
		d of time to			days prior to surgery. ine collection with a Vet
PET IDENTIFICA	TION (HomeAgair	<b>1</b> )			COST = \$42.99**
We recommend imp		n microchip	os in case pet	s are lost or sto	len. This is a permanent onwide routinely scan all
CHECK ONE:	Yes	No I v	would like a n	nicrochip impla	nted in my pet.

(More on Back)

I am the owner or agent for the owner and hereby consent and authlisted above. I also authorize the use of appropriate anesthetics and the Veterinarian. I have been advised to the nature of the procedurealize that results cannot be guaranteed. I have read and understand the control of the procedure of the proce	nd other medications deemed necessary by ures or operations and the risks involved. I
<u>X</u>	
Signature of Owner or Agent	Date