

PATIENT _____	SPECIES _____	AGE _____	OWNER _____
SEX Unknown	BREED _____	ADDR _____	
COLOR _____	MARK _____		
ID 14671	RABIES _____	CHIP _____	PHONE _____

Anesthetic and surgical procedures to be performed:  
 (Please indicate any additional treatments or procedures to be performed on your pet while in our care)

\_\_\_\_\_

\_\_\_\_\_

1. My pet is up to date on Core Vaccinations (dogs and cats) and bordatella (dogs only)

- Yes  
 No (Core Vaccinations and Bordatella are required for hospitalization)

2. In effort to provide the best care available for your pet, we offer pre-anesthetic blood work to help insure your loved one will not have any adverse effects from the anesthetic. All animals will benefit from the blood work, but we strongly urge all large breed dogs over 5 years of age and all small breed dogs and all cats over 7 years of age have blood work performed prior to any anesthetic procedure. **Pre-anesthetic lab work is not typically included in any estimate given as it is recommended but not required prior to anesthesia.**

- Yes, I would like to insure my pet does not have any pre-existing health problems that might adversely affect the anesthesia.  
 No, I do not wish to have any blood work performed on my pet.

3. Please indicate the level of care you wish your pet to receive.

- Level 1: Complete oral examination, scaling and polishing of the teeth (no extractions or periodontal treatment).  
 Level 2: Complete oral examination, scaling and polishing of the teeth, simple extractions and periodontal treatment as necessary and possible.

I, the undersigned owner or agent of the pet identified above, authorize the veterinarians at Valley Center Veterinary Clinic to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarians before the procedures are initiated

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that any prices quoted for such procedures are for non-complicated operations and that any unforeseen complications may result in further cost. I assume financial responsibility for all charges incurred to patient, and I consent to the release of medical information for the said animal.

I have read and fully understand the terms and conditions set forth above.

\_\_\_\_\_  
**Signature of Owner or Authorized Agent** **Date**

\_\_\_\_\_  
**Phone numbers at which owner or agent can be reached today and/or tomorrow**