

ELECTRIC CITY ANIMAL CLINIC
1403 Pearman Dairy Road
Anderson, SC 29625
(864) 225-0015

Owner's Name: _____
Home Phone: _____
Species: _____

Pet Name: _____
Work Phone: _____
Age: _____ Sex: _____ Weight: _____

HOSPITALIZATION AND SURGERY CONSENT

I am the owner (or agent) of the pet described above. I authorize and request you to hospitalize this pet for purposes of diagnosis, treatment or surgery procedures, as specified by this release. I also consent to and will provide payment for CAPSTAR to be administered to my pet if it is deemed to have fleas by the doctor or technician. I approve the use of whatever anesthetics you deem appropriate for the well-being of my pet and understand that all reasonable care and precautions will be taken in the performance of the procedures. I understand the procedures to be performed and that with any medical procedures there are some risks involved and I absolve you of all liability arising from the performance of procedures requested. I also authorize the doctors and staff to perform any life saving procedures deemed necessary in the event of an emergency. I further understand that no guarantee of successful treatment has been made. I certify that I understand this release, and furthermore assume full financial responsibility of all charges accrued.

Procedure Requested: _____
Signed: _____ Date: _____

Your surgery appointment is important to us. We have allotted the time, staff and supplies to properly care for your pet. To avoid a cancellation fee, please allow us 24 hours advance notice if you are unable to keep your scheduled surgery time. We will be happy to reschedule at your convenience.

INTRAVENOUS CATHETERIZATION CONSENT / WAIVER

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of potentially life saving drugs. IV fluids also help to maintain body temperature and blood pressure during surgery. All patients undergoing general anesthesia will be required to have a catheter in place. The fee for this is included in your estimate. ***This is optional for humane spays and neuters only.*** The fee is an **additional \$24.95** for catheter placement and 250ml IV fluids if chosen in these cases. Please initial below.

Accept: _____ Decline: _____
Signed: _____ Date: _____

Please initial any additional **optional** services you would like performed while your pet is under anesthesia any **cost will be additional:**

- _____ Implant Home Again Microchip ID **\$50.00**
- _____ Express Anal Sacs **\$17.38**
- _____ Clean Ears **\$17.38**

PRE-ANESTHETIC BLOOD WORK CONSENT / WAIVER

Because some conditions may not be evident on a physical exam alone, we strongly recommend that a pre-anesthetic profile (a combination of blood tests) be performed prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys, therefore it is important that these organs are healthy. It is also important that patients have normal blood cell counts to promote proper tissue healing. The tests that we recommend are similar to and equally important as those your own physician would run if you were to undergo anesthesia. As your veterinarian we are happy to have this technology available to offer to you.

ANY ANESTHETIC CARRIES A SERIOUS RISK. THE MORE INFORMATION WE HAVE THE SAFER THAT RISK WILL BE.

It is important to understand that a pre-anesthetic profile does not guarantee that your pet will not have an anesthetic reaction or complication. It may however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future. If you have any questions regarding the blood tests of anesthesia, please ask. The staff and doctors will be happy to answer them. **Pre-anesthetic blood work is optional, but highly recommended. The cost will be additional.**

Profile #1 Healthy Patients Under 6 Years of Age Cost = \$49.65

Includes Mini panel of 6 chemistries
Liver and kidney screening
PCV – tests for anemia
ECG
Oxygen level monitoring

Profile #2 Patients Over 6 Years of Age or Patients with Questionable Health Status Cost = \$73.88

Includes All tests in Profile #1 plus
Complete 12 chemistry panel screening
CBC (test for anemia, infection, clotting)

Profile #3 Infectious Diseases

Includes Feline leukemia / feline immunodeficiency virus testing for cats **Cost = \$ 43.01**

Heartworm testing for dogs

If not on preventative **Cost = \$ 32.98**

If on preventative **Cost = \$ 24.92**

Please circle

Profile #1

Profile #2

Profile #3

Signed: _____

Date: _____

I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I fully understand that a medical condition may exist which could be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Signed: _____

Date: _____

