



822 Spring Creek Road Montrose, CO 81403
Telephone (970) 249-4490 Fax (970) 240-4580

8/7/2023

Client ID:
Client Name:

Patient ID:
Name:

Address:

Telephone:

Weight

Hospitalization, Surgery, or Anesthesia Authorization:

As owner (or agent for the owner) of the pet described above, I authorize San Juan Veterinary Clinic to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well-being. San Juan Veterinary Clinic uses the safest equipment and medications, and will take precautions to insure the safety of my pet at all times. I am fully aware of the risks involved with anesthesia and the possibility of an adverse reaction. I give my consent to San Juan Veterinary Clinic staff to perform the following procedures:

Contact Person and relationship to patient:

Phone number you can be reached at today?

Procedures:

Would you like an estimate of costs?

Pre-anesthetic Testing Release:

Advances in anesthesia and surgery have made routine procedures relatively safe with low rate of complications. Nevertheless, occasional problems can arise. We recommend that all patients be screened prior to anesthesia by means of the following laboratory tests.

Pre-anesthetic bloodwork screening:

Level 1 (\$80.00), level 2 (\$145.00), or Level 3 (\$170.00)

Microchip \$ 50.00

Heart Worm Test for dogs \$43.00

FELV/FIV Test for cats \$42.00

Check-in: check list and conversation

Has the pet had anything to eat today? What are you planning to feed this evening?

Does the pet have any health conditions?

Is the pet on any medications? If so, what and when?

Has there been any changes in the pet's health recently?

Does the pet have any sensitivity to any medications, that you are aware of?

Are you aware of what the procedure involves that we are performing today and do you have any concerns or additional procedures you would like to have performed?

Are there any masses that need to be addressed? If so, which ones and where?

We need to be able to contact someone, just in case there are any questions or concerns during the procedure or during the time the pet is here today. Who will be our contact person and what is their number?

******PLEASE NOTE: For patient safety, we will wake them up in 10 minutes; if we cannot reach someone to get approval for treatment while under anesthesia******

Have you reviewed the estimate for this procedure?

We will call you at the completion of the procedure to let you know how it went and that your pet is recovering.

Have I answered your questions and addressed your concerns?

I am going to take _____ to the treatment room and set him/her up with comfy bed. They will be watched, comforted and allowed to go outside to relieve themselves; while in our care.

CT

All accounts are paid in full at the time of services, no exceptions.