



I, Owner and/or representative of \_\_\_\_\_ give Eagle's Nest Animal Hospital permission to perform the following procedure(s) on my pet:

Client Name:	Date:
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<b>Medical Information</b>
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Please list any **medications** (prescription, aspirin, or over the counter) that your pet has been given in the last 14 days:

When was your pet's last heat cycle? (If applicable)

Feline leukemia/FIV status:

Is your pet on monthly **heartworm prevention**?  YES  NO

I would like to have my pet **microchipped** while under anesthesia for an additional \$40.00.

**Please check one:**      YES      NO

We will call the provided number with an extraction estimate if necessary before extractions are done. However, if there is no answer we will proceed with the extractions while keeping the safety of your anesthetized pet in mind.  
**Dental Cost:** Ranges from \$319 - \$358  
**Extraction Costs:** Individual extractions range from \$26 - \$107

<b>Consent</b>	<b>Initial</b>
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In an effort to provide your pet with the best care, pre-anesthetic blood work, IV catheter placement, and IV fluids are included in surgical and anesthetic procedures, subject to the pet's individual needs. While these steps are taken to make anesthesia as safe as possible, I understand that complications (including death) are an inherent risk of anesthesia.

All patients must be free of external parasites. Animals with fleas and/or ticks present will be administered a preventative at the owner's expense.

For the protection of our patients, all dogs being admitted must be current on rabies, canine distemper, and bordetella vaccines. All cats must be current on rabies and feline distemper vaccines. If necessary, an exam will be performed and vaccines will be given per the veterinarian's approval.

If my pet requires **emergency resuscitation (CPR)**, please do the following; Initial A or B:

A. \_\_\_\_\_ **DO NOT** perform CPR on my pet. I decline CPR for my pet.

B. \_\_\_\_\_ **Request for CPR.** Having requested such emergency procedures, I agree to be held responsible for the additional services performed.

Client Signature:	Date:
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Phone:	Witness:
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