

Owner's name: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Pet's name: \_\_\_\_\_ [ ] Dog [ ] Cat  
Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Our greatest concern is the well being of your pet. We will perform an examination on your pet prior to giving anesthesia. Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These metabolic derangements could lead to complications or even death (**Initials**) \_\_\_\_\_. To avoid potential problems, and further protect your pet's health and safety, we highly recommend blood screening prior to anesthesia or surgery. Our in-house laboratory is fully equipped to perform these tests. Results will be available to evaluate before anesthesia is given.

\*\*\* **YES** \_\_\_\_\_, I want my pet to have the recommended pre-anesthetic blood screen.

**(Required for all pets 5 years of age and older prior to any procedure)**

\*\*\* **NO** \_\_\_\_\_, I do not want my pet to have the recommended pre-anesthetic blood screen.

[ ] SPAY \*\* If pet is pregnant: Do you wish to continue with surgery? [ ] Yes [ ] No  
[ ] NEUTER [ ] TRIM NAILS [ ] DENTAL PROPHYLAXIS  
[ ] ANESTHESIA [ ] TRIM to the quick [ ] FLUORIDE TREATMENT  
[ ] DECLAW [ ] GROWTH REMOVAL [ ] FECAL  
[ ] X-RAYS [ ] EAR FLUSH  
[ ] VACCINATIONS (**Pets must be up to date on ALL VACCINES prior to surgery**)  
[ ] OTHER \_\_\_\_\_

I request \_\_\_ / refuse \_\_\_ Canine 4DX Test (Heartworm, Lyme & Tick Fever & Anaplasma)

I request \_\_\_ 12 months Heartgard

I request \_\_\_ / refuse \_\_\_ Feline Leukemia / FIV test / Feline Heartworm test

I request \_\_\_ / refuse \_\_\_ Microchip implant ResQ for my pet.

Pain medication, anti inflammatory, and antibiotics are recommended to ease the pain and prevent any infections following surgery.

**Pain injection Package**

[ ] Pain injection  
[ ] Antibiotic injection  
[ ] Anti Inflammatory injection

**Medication to go home package**

[ ] Pain medication to go home  
[ ] Antibiotic medication to go home  
[ ] Anti Inflammatory medication to go home

I understand that anesthesia carries risks and I give Aztec Animal Hospital permission to place my animal under anesthesia. I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the Veterinarian. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I authorize today a maximum expenditure of \$ \_\_\_\_\_ prior to speaking to the Veterinarian.

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Owner signature: \_\_\_\_\_