



**Good Friends
Animal
Hospital**

Authorization to Administer Anesthesia and/or Medical Treatment

No anesthesia is without some risk, however small. Therefore, we **require** blood tests be performed prior to administering anesthesia.

We can perform the following tests in the hospital. Please indicate your preference.

- Pre-anesthetic Blood Testing**, advised for healthy pets under 7 years of age (\$35.50)
 Comprehensive Blood Testing, advised for pets over 7 years of age (\$79.25)
 Thyroid test for cats. This is advised for cats 7-10 years of age and required for all cats over 10 years of age (\$37.50)

I authorize Dr. Cole or Dr. Kuchenbrod to perform upon _____
the following procedure _____.

If any unforeseen condition arises calling in her judgment for procedures, in addition to, or different from those now contemplated,

The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk to such procedures. I authorize the use of appropriate anesthetics and other medications. ***If an exam or flea treatment is required, there may be additional charges.***

Pain medication will be prescribed if medically indicated. There will be an additional charge for pain medicine.

Complimentary nail trim. Please check one box. (***NOTE:*** Cat's nails may be trimmed for safety reasons.)

- Yes**, please trim my animal's nails while under anesthesia
 No, thanks.

I, the undersigned, have read and do understand this consent.

Signature of pet owner or responsible agent

Date

Phone number at which I can be reached the morning of the procedure