OAKWOOD HILLS ANIMAL HOSPITAL 4616 COMMERCE VALLEY RD, EAU CLAIRE, WI 54701 715-835-0112

Surgery & Hospitalization Consent/Pre-Anesthetic Testing Form

Client First and Last Name	Pet Name	Date
Proc	edure/Operation	
I am the owner or the agent for the owner of the animal	described above, and I have the	authority to execute this consent.
I hereby consent and authorize the doctors and staff of	Oakwood Hills Animal Hospital to	perform the above procedure.
The nature of these operations or procedures has been	explained to me, and I understan	d what will be done.
I have also been informed that there are certain risks an type. They have been explained to me as well. I furthe unforeseen conditions may arise that may necessitate the	r understand that during the cours	se of the operations or procedures,
I authorize the use of appropriate anesthesia and pain rebeen informed that there are risks associated with the use		ore or after the procedure. I have
I understand that hospital support personnel will be used	d as deemed necessary by the ve	eterinarian.
I authorize you to proceed as needed during the proceed while under anesthetic.	procedure. Our staff will attem	pt to call you if significant new
Signature	Date	•
For pets being admitted to Oakwood Hills Animal Hospit administering anesthesia. We also recommend pre-and in a low risk category during anesthesia by ruling out precould possibly lead to complications. Please feel free to	esthetic tests be performed for the e-existing internal problems that i	e purpose of insuring your pet to be may not be evident physically, but
PROFILE 1 - Young Healthy Pet - Cost: \$127.50	I APPROVE PROFILE	≣1
Complete Blood Count (assessment for infect Standard Organ Assessment (kidney and live * (\$105.00 Lab Fee + \$18.00 Specimen Colle	r function, protein and glucose ve	-
PROFILE 2 - Senior (over 8 years) or Sick Pet - Co	ost: \$217.50 * 🔲 I APPROVE	PROFILE 2
Complete Blood Count (assessment of infection Standard Organ Assessment (kidney and liver Electrolyte Panel Urinalysis (checks for undetected urinary infection * (\$195.00 Lab Fee + \$18.00 Specimen Collection C	function, protein and glucose vo	•
☐ I elect to decline the recommended pre-ar	nesthetic blood work (p	olease initial)
Laboratory testing has been done recently		
Phone numbers where we can contact you: 1st	number	
2n	d number	