



ARK ANIMAL HOSPITAL

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Arkanimalvets.com

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Authorization for Anesthetics

There is always a risk when performing anesthesia on any animal, however complications during and following anesthesia and surgical procedures can possibly be avoided if the doctor is aware of any underlying illness. Ailments such as anemia, liver disorders, kidney malfunction, blood clotting disorders and infections may not be evident upon physical examination. Because these and other ailments may affect surgical results and outcome, we strongly recommend that all animals undergoing anesthetic and surgical procedures have a pre-anesthetic profile.

The profile consists of the following lab tests:

- Blood Glucose
- Complete Blood Count
- Total Serum Protein Test
- ALT- Liver Function
- BUN-Kidney Test

*The cost for the profile is 75.35. The cost of the profile is NOT INCLUDED in the fee quoted for your pet's surgery.

() Yes, complete the blood work for my pet. If abnormalities are found, please call _____ to let me know.

() No, do not complete the blood work for my pet. You may reach me at _____ if needed. I accept full responsibility for my choice.

Procedure to be performed _____.

I authorize and direct the veterinarians associated with Ark Animal Hospital to administer appropriate anesthesia, perform the above stated procedures and/or to do any other therapeutic procedure that their judgment may dictate to be advisable for the patient's well being. I understand the risks and nature of the operation and/or procedures to be performed and no warranty or guarantee has been made concerning the result or cure. I hereby authorize and direct the veterinarians to provide such additional services for the patients they may deem reasonable and necessary including, but not limited to, the performance of or the arrangement for the performance of histopathology services and the provision of radiology services.

Because ALL ANESTHESIA AND SURGERY INVOLVES RISK, I further agree that the doctors and staff of Ark Animal Hospital shall not be held responsible in the event of disability or death associated with the performance of any of the aforementioned procedures.

Signature of Owner/Agent

Name of Animal

Date

Growth Removal patients only: If you would like to send the growth to the lab to check for abnormalities it will be an extra \$100.00 - \$150.00.

- () Yes, please send off the growth to the lab.
- () No, I would not like the growth sent off.

Signature of Owner/Agent