

The Montrose Veterinary Clinic
Authorization for Anesthesia/Surgery

1701 Montrose Blvd. Houston, Tx 77006
www.montrosevetclinic.com
713-524-3814

Patient name: _____ Client ID: _____

Description: _____ Client name: _____

Microchip: _____ Age: _____

Patient Alerts: _____

Doctor Preference: _____

I authorize The Montrose Veterinary Clinic to perform the following procedure upon my pet:

For Dentals: there may be extractions recommended which will incur an additional fee(s).

- I authorize extractions as necessary
- Please call prior to extractions, but if I am unavailable, medically necessary extractions are authorized.

Would you like your pet to be Microchipped today?

- Yes, I would like my pet to receive the Home Again Microchip. (\$42.00)
(An annual fee of \$16.99 will be assessed by Home Again after one year.)
- No, I do not wish to have my pet microchipped at this time.

Would you like an Treatment Plan for this procedure? (This is only plan-some unforeseen charges may be incurred.)

- Yes, I would like a treatment plan.
- No, a Treatment Plan is not needed.

Pre-surgical blood screening is required of all patients receiving anesthesia to rule out certain health concerns not evident on physical examination. We offer state-of-the-art diagnostic laboratory services for accuracy and same day results. The different levels of blood work are based on a comprehensive age related evaluation.

*Level I – Includes a complete blood count (CBC), which provides a quick look at each type of blood cell for problems such as anemia, undiagnosed infection and clotting disorders. Cost: \$53.50

*Level II – Includes a CBC and six blood chemistries that pertain to major organ function. Cost: \$86.00

*Level III – Includes a CBC, six blood chemistries, urinalysis, and an EKG Cost: \$129.50

All pets staying at the hospital for any length of time must be current on all vaccinations and be free of external and intestinal parasites. If documentation of vaccination cannot be provided or verified, I understand that my pet will be vaccinated according to hospital policy and I will be responsible for the incurred charges. If my pet is found to have any external or intestinal parasites, the appropriate treatments will be administered and I will be responsible for the incurred charges. I understand that **ALL FEES ARE DUE AT THE TIME OF PATIENT'S RELEASE.**

In compliance with our AAHA Accreditation Standards, our professional staff is trained to provide the highest quality of patient care and safety procedures. However, there is always some risk involved in the use of anesthesia. I have been advised of the nature and purpose of this procedure, possible alternative methods, the risks involved, and the possibility of complications. I acknowledge that no guarantee has been implied or expressed by The Montrose Veterinary Clinic.

I grant The Montrose Veterinary Clinic permission to post my pet's picture, story, and medical information on social media.

Signature: _____ **Date:** _____

Phone number or email where you can be reached today: _____

Select if you prefer an alternative method of communication for updates. Text Messaging E-mail

Personal Belongings: _____

Location of belongings: Basket in Kennel Bin in Treatment Carrier (description) _____

Medications to go home: _____