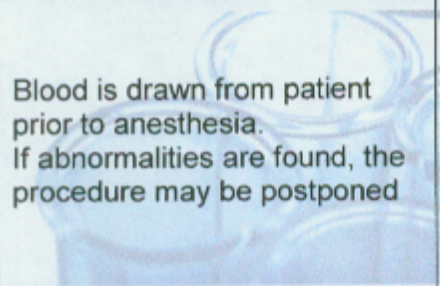
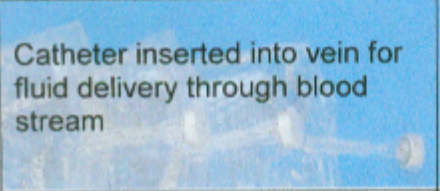
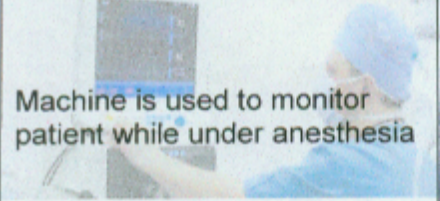
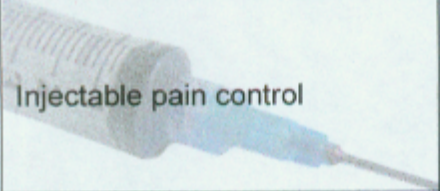
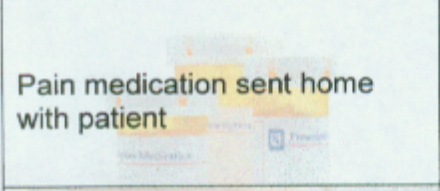
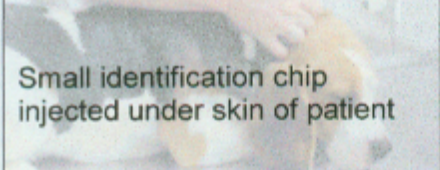


Client Name _____

Patient Name _____

I, _____, authorize Cedar Ridge Animal Hospital to perform the following procedure(s)/ surgery on my pet, _____. Today's Date: ____/____/____

| Procedure | Purpose | Cost | Initial Approval |
|---|--|---------------------------|------------------|
|  <p>Blood is drawn from patient prior to anesthesia. If abnormalities are found, the procedure may be postponed</p> | <p>Helps identify underlying problem such as:</p> <ul style="list-style-type: none"> • Anemia • Problems clotting blood • Hidden infections • Kidney or liver problems • Low blood sugar or diabetes • Dehydration | Included in package price | Required |
|  <p>Catheter inserted into vein for fluid delivery through blood stream</p> | <ul style="list-style-type: none"> • Prevents dehydration • Keeps blood pressure constant, making sure oxygen is delivered to all cells • Provides access port in case emergency medications are needed | Included in package price | Required |
|  <p>Machine is used to monitor patient while under anesthesia</p> | <p>Monitors:</p> <ul style="list-style-type: none"> • Heart activity • Blood pressure • Oxygen level • Body temperature | Included in package price | Required |
|  <p>Injectable pain control</p> | <ul style="list-style-type: none"> • Helps control pain and keep patient comfortable after procedure • Faster recovery time • Shorter hospital stay • Fewer surgical complications | \$15.00 to \$45.00 | _____ |
|  <p>Pain medication sent home with patient</p> | <ul style="list-style-type: none"> • Helps control pain and keep patient comfortable at home • Faster recovery time • Fewer surgical complications | Varies by weight | _____ |
|  <p>Small identification chip injected under skin of patient</p> | <ul style="list-style-type: none"> • Identification system used nationwide by veterinarians, shelters, and animal control agencies • Helps reunite lost pets with their owners | \$39.99 | _____ |

Phone number(s) where we will be able to reach you:

Home: _____

Work: _____

Cell _____

(Signature of client)

(Date)