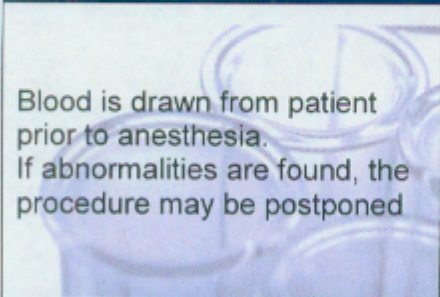
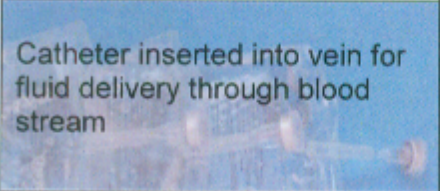
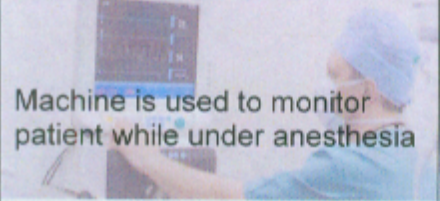
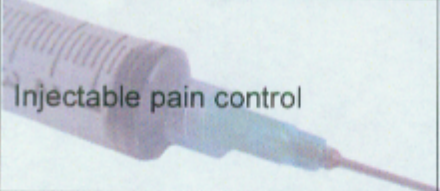
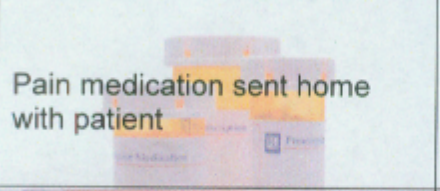
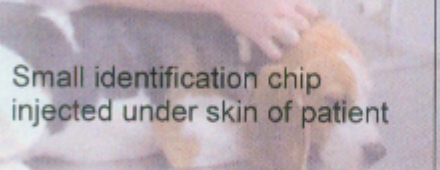


Client Name _____

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 	\$15.00	_____
 <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	Required
 <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)

Please bring this form with you on surgery day. Thank you!