

Meridian Veterinary Hospital
421 W Franklin Rd. Meridian, ID 83642
208-888-3444

OWNER NAME _____ PET NAME _____

DAYTIME PHONE _____ ALTERNATE _____

PROCEDURES TO BE PERFORMED _____

I, the undersigned, certify that I am the owner/and or person responsible for the pet listed above. I understand that during the performance of the listed procedure(s) and /or operation(s) there inevitably may be some degree of risk and that it is not possible to guarantee a successful outcome of any surgical or medical procedure. Therefore I hereby also consent to and authorize the performance of such procedure(s) and or operation(s) that are necessary and desired in the exercise of the veterinarian's professional judgement.

Because we do not have 24 hour nursing staff, there will be periods of time that those animals hospitalized overnight will not be under direct supervision. Please feel free to inquire about our hospitalization policies.

For the protection of your pet, we highly recommend that a pre-anesthesia blood profile be performed. Pre-anesthetic blood screening evaluates your pet's general health and helps us determine if your pet may have difficulties metabolizing anesthetic agents. This blood work consists of the following tests: ALKP and ALT reflect liver function; BUN and Creatinine reflect kidney function; blood glucose to screen for diabetes; total protein as a reflection of overall health and hydration, and PCV to check the red blood cells.

_____ I approve the pre-anesthesia blood work \$49.00

_____ I decline the pre-anesthesia blood work

The comfort level of your pet is very important to us, so we offer personalized pain management when we feel that it would benefit your pet. \$31.00

_____ You have my permission to provide pain medicines as the doctor deems necessary.

_____ Please call me first, at the numbers listed above, before giving any pain medicines.

While your pet is under anesthesia, we have an opportunity to have the following additional procedures done with NO discomfort to your pet. Please check the procedures you would like to have done today:

_____ Anal gland expression; common cause of scooting and licking the rear \$12.00

_____ Ear cleaning; to help reduce the frequency of ear infections \$12.00

_____ Avid microchip; provides permanent identification for your pet for life \$34.00

_____ Nail Trim \$N/C

As the owner and/or person responsible for this pet, I have read and understand all procedures I have elected. I understand all hospital policies as listed. I accept full financial responsibility for services rendered on behalf of my pet. I understand and agree that payment in full is due upon release of my pet.

SIGNATURE: _____ DATE: _____