

Authorization for Anesthesia and/or Sedation

Date: __

I hereby author	rize the veterinarian(s)	of Hill Country V	eterinary Hospital to proceed wi	h Anesthesia and/or Sedation on my
Pet·		for		
10.	(Name of Pet)	101.	(Name of Procedure)	(Initials)
cannot be guara perform a full p	anteed. Like you, our physical examination.	greatest concern i However, many o	s the well being of your pet. Before conditions, including disorders of	l procedures, and that a favorable outcome ore putting your pet under anesthesia, we will the liver, kidneys or blood, are not detected f Anesthesia and/or sedation procedure is
	_		screen is \$95.00 for pet screen is \$115.00 for pe	•
are available be	efore Anesthesia and/o	or Sedation is perfe	ormed. The cost of this pre-anes	same day and in our hospital, therefore, results thetic blood screen is in addition to the cost whoice by initialing the appropriate space
	YES I want my pet t	o have the pre-ane	esthetic blood screen for an additi	onal cost.
	NO I do not want m	y pet to have the p	pre-anesthetic blood screen.	
			at an additional cost of \$ 60.00. have questions, please ask a sta	This includes initial registration fee and ff member for more details.
	YES I want my pet	to be micro-chippe	ed at an additional cost of \$ 60.00	
	NO I do not want m	y pet to be micro-	chipped.	
If you have any	y further questions, ple	ease address them	to the doctor.	
Signed:				