



Owner: _____	Pet Name: _____	Procedure: _____
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Contact Phone Number(s):

Please be aware that these contact numbers are to contact you during procedures in the event of a complication or problem, please give a number that you will be available to answer.

I am the owner, or designated representative/agent of the owner of: _____

I consent to the above listed procedure(s) and authorize Norwalk Animal Hospital to administer anesthetics and or tranquilizers, including appropriate medications to my pet. I understand the potential risks when using anesthetics and/or performing surgery and that no results can be guaranteed. In the event of an adverse reaction, I authorize the veterinarian to do what, in his judgement, is in the best interest of my pet.

Initial: _____

Advanced Diagnostics

We routinely run pre anesthetic bloodwork to check your pets health prior to anesthesia, the following would be in addition to that bloodwork and additional charges would apply.

- Add Ultrasound (screening)
- Add Electrocardiogram
- Add Chest Radiograph (lateral view)
- Add Microchip my pet to aid in pet identification

For Dental Patients Only

Evaluations under anesthesia may reveal hidden disease and therefore problems may arise that were not initially identified at the time of the office examination. Please indicate which of the following statements **most closely** matches your wishes:

- Do no further work beyond the basic cleaning and polishing
- Do only those procedures that will arrest infection or pain on a short term basis. This may include, for example, extraction of one or more teeth. Future work may be needed.*
- Do any and all procedures that will promote good oral health now and in the future.*

*Additional charges will apply for any procedures beyond the basic cleaning and polishing

- Call before any additional work is completed. Additional anesthesia time is required for any time delay needed for additional estimates or consultations. If we cannot reach you at the provided phone number please choose one of the above options also.

I understand that a rough estimate of the fees for the above care will be provided to me on request and may vary significantly depending on the need for additional work being performed. I am encouraged to discuss all fees related to such care before services are rendered. I certify that I am 18 years of age or over and agree to assume financial responsibility for the service fees and provide payment via cash, credit card, care credit, or check at the time my pet is discharged.

Signature of Owner/Agent: _____

Date: _____