

IMPERIAL ANIMAL HOSPITAL

6221 Hwy. 61-67, Imperial, MO, 63052
636-464-0777

AUTHORIZATION FORM

Date: _____

Estimate of Fees: _____

Patient: _____

Procedure(s): _____ Employee Initial: _____

***Pre-Anesthetic Blood Profile**

To provide the highest quality and safest medical care for your pet, a simple blood test is available as a screening procedure performed in our lab. This profile is used to detect underlying problems with the liver & kidney, it also tests for blood sugar and red blood cell levels. We recommend this test for ALL patients undergoing anesthesia and is mandatory for pets 7 years and over.

I do wish to have my pet's blood tested prior to anesthesia (client's initials) YES _____

I do NOT wish to have my pet's blood tested (client's initials) NO _____

***Microchip Identification System**

Every year more than 20 million dogs and cats are euthanized because humane shelters cannot identify the pet or its owner. A microchip is the critical link between lost and found! Every shelter and most animal hospitals in the country check for a chip.

I do wish to have a microchip implanted in my pet during the procedure(client's initials)YES _____

I do NOT wish to have my pet receive a microchip (client's initials)NO _____

***Anesthesia and Procedure**

I, the undersigned as owner/agent of the patient presented for diagnosis and treatment do hereby authorize the Veterinarians of the Imperial Animal Hospital, Inc. and such persons as they may designate as their aids and assistants to administer to the patient such diagnostic and/or therapeutic procedures as they deem necessary for the care of said patient. I, further consent to the administration of such anesthetics as are necessary and surgical procedures described above or of any emergency nature. I, hereby certify that I have read and fully understand the above authorization. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I assume financial responsibility for all charges incurred to the patient, consent to release of medical information and authorize direct payment to the Imperial Animal Hospital, Inc. All fees are due and payable at the time of release of the patient.

I understand the above and authorize anesthesia and the procedure(s):
