



Dr. Richard A. Goldman & Associates  
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## Surgical Authorization & Anesthesia Release Form

Please print out this form and Fax or return to MVMC.

To make your pet's anesthetic procedure as safe as possible, our doctors and surgical staff would like you to read and understand the following information regarding required pre-anesthetic lab work, evaluations, and their associated costs:

- A. Preoperative Blood work.** This will enable us to choose the safest method of anesthesia and surgical procedure setup regarding your pet's individual needs.
- Healthy Pet Under 3 Years of Age:** **\$ 31.80**  
 Packed Cell Volume (Hematocrit), Total Protein, Kidney Function (BUN)
  - Healthy Pet 3 to 7 Years of Age:** **\$ 103.50**  
 Complete Blood Count (CBC) + VetTest PreAnesthesia Profile
  - Pets Over 7 Years of Age:** **\$ 145.30**  
 VetTest Comprehensive General Healthy Profile + CBC & electrolytes
  - I decline preoperative blood work.** \*This option requires doctor's approval prior to admission.\*
- B. Preoperative Electrocardiogram:** An EKG can help to detect heart disease that is not apparent on physical exam. Silent heart disease has the potential to cause complications while your pet is anesthetized.
- Please perform a preoperative EKG** prior to anesthesia. **\$ 45.00**
- In some cases, the cardiologist may request chest x-rays after an EKG.  
 If so, may we proceed with the x-rays at a cost of **\$138.00**. YES  NO, call me first  Phone number \_\_\_\_\_
- C. Permanent Microchip.** A permanent identification system by placement of a microchip underneath the skin. **\$ 45.75**
- Yes, Please insert a permanent microchip** into my pet while he/she is under anesthesia.
- D. Laser Option:** Use of a laser reduces the trauma to your pet, reduces risk of infection, and improves recovery. **\$ 48.00 to 78.80**
- Yes, Please use a laser** if the surgeon determines it is medically appropriate.

I am the owner of the above named patient or am responsible for this patient, and I have the authority to execute this consent. I authorize performance of the following procedures and accept full financial responsibility.

Primary Procedure \_\_\_\_\_ Secondary Procedure \_\_\_\_\_

I hereby authorize the use of anesthetics as the Doctor deems advisable and performance of the surgical or therapeutic procedures listed above. I agree to hold Millhopper Veterinary Medical Center harmless from any liability arising from the proper performance of any procedures referred to above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) where you can be reached TODAY: \_\_\_\_\_

\_\_\_\_\_ If your pet is undergoing a dental cleaning today, and during anesthesia the doctor determines that one or more teeth need to be extracted, I understand and authorize this and accept financial responsibility. (please initial) \_\_\_\_\_

\_\_\_\_\_ If your pet is undergoing an OHE today and he/she is pregnant or in heat, there may be an additional charge at the doctor's discretion. I understand and authorize this and accept financial responsibility. (please initial) \_\_\_\_\_

- A pain management injection will be administered to assist in ensuring your pets comfortable recovery.  
**Feline \$24.75 Canine \$30.50**

