

**SPAY/NEUTER AUTHORIZATION**  
**Memorial Beach Veterinary Hospital**

**ANESTHETIC SAFETY:**

• **Pre-anesthetic Blood Screen**

For the protection of your pet, we highly recommend that a pre-anesthetic blood profile be performed. This profile is mandatory for all pets 6 years of age or older but highly recommended for any age. This testing will insure that your pet is in a low risk category during anesthesia by ruling out internal problems that *may not be evident physically*, but could lead to complications. You may elect to have this testing by checking the appropriate box below. **The fee for this test is \$88.00.**

<b>I authorize</b> above testing	<b>(required if 6 yrs or older)</b>	<b>Initial</b> _____
<b>I do not authorize</b> above testing		_____

**IN HEAT/PREGNANT:** (Female pets only)

**I understand** there will be an additional fee if my pet is in heat or pregnant. \_\_\_\_\_

**MICROCHIP IMPLANT:**

**I elect** to have a microchip instilled painlessly      \$48 (normally \$58.00)      **Yes**      **No**

**FLEAS/TICKS/PARASITES:**

**I understand** we will treat fleas, ticks, or parasites if noted at additional fee. \_\_\_\_\_

**ANCILLARY PROCEDURES:**

Often other problems are discovered that are best handled on the day of surgery or during anesthesia. Examples: cleaning of infected ears or treating ear mites, removal of retained baby teeth, removal of prominent dewclaws etc. In the case that any of these might be necessary, **I authorize** the following: **(Please check one)**

- A. Do whatever is deemed to be in my pet's best interest
- B. Try to reach me at my number below, but if unable, do what's deemed in my pet's best interest
- \*C. Do not do other procedures without contacting me.

**If you check this box we may not be able to do every thing needed if we can't reach you immediately. This may require an additional anesthesia at a later date.**

**Phone #**    **Primary** \_\_\_\_\_    **2ndary** \_\_\_\_\_ (Usually between 9:00 AM & 1:00 PM)  
**Owner Name** \_\_\_\_\_    **Pet** \_\_\_\_\_    **Date** \_\_\_\_\_  
**Signature of Owner or Authorized Agent** \_\_\_\_\_