

Client Name: \_\_\_\_\_

Client #: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above. I do hereby authorize Dr. Rene Lefranc and/or his associates and authorized agents, or representatives to perform said surgical/and or anesthetic procedure described above on my pet. I authorize the stated above to perform any other procedure or medical treatment deemed necessary by the veterinarian to preserve the life of my pet and will be responsible for the costs of such. I understand that preventative measures will be taken to prevent any unforeseen complications. However, by signing this release form, I understand the risks involved with anesthesia and surgical procedures on my pet and do hereby release the said doctor/agents and authorized representatives from any liability arising from said surgery and/or anesthesia on my pet. **(Tooth extractions on dental procedures will occur if deemed necessary by the doctor.)**

**PLEASE CHECK THE APPROPRIATE SPACES BELOW:**

- \*CBC** (Recommended for ages 0-1 year old)  
Checks for anemia, infection, and clotting

\$53
- \*CBC & Chem 6** (Recommended for ages 1-7years old)  
Checks for anemia, infection, and clotting,  
Kidney & Liver functions, sugar levels, and hydration.

\$88
- \*CBC & SuperChem 12** (Mandatory for ages 7 and up)  
Checks for anemia, infection, and clotting. Checks for  
Diabetes, protein levels, pancreatic functions, tumors,  
Kidney & Liver functions, sugar levels, and hydration.

\$114
- \*IV Fluids** (Mandatory for ages 7 and up. Recommended for ages 7 and younger)  
Gives the doctor direct access to your pets venous system should Emergency  
drugs need to be administered without any time delay. Helps keep your pet hydrated while under  
anesthesia. Helps flush the Anesthesia out of the system protecting the liver and kidney, leading  
to a faster recovery time.

\$42

\_\_\_\_\_ I **ELECT** to have pre-operative blood work/ I.V. Fluids on my pet.

\_\_\_\_\_ I **DECLINE** the recommended pre-operative blood work/I.V. Fluids on my pet.

***We also offer additional services that are convenient to perform while your pet is under anesthesia. Please initial on the additional service(s) you would like to perform on your pet.***

- |                                     |             |   |
|-------------------------------------|-------------|---|
| _____ <b>ENT</b>                    | \$15        | Clean ears, Trim Nails, Scrape tartar off teeth |
| _____ <b>Dremel Trim Nails</b>      | \$12        | Dremel Nail Trim                                |
| _____ <b>Paint Nails</b>            | \$5         | Paint Nails                                     |
| _____ <b>Microchip Implant</b>      | \$30        | Electronic ID for your pet                      |
| _____ <b>Baby Teeth Extractions</b> | \$15 - \$22 | Pull baby teeth if recommended by the doctor    |

**Client Signature** \_\_\_\_\_ **Contact#** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **#** \_\_\_\_\_