

Anesthetic/Surgical Health Care Plan

The doctors and staff of Lifetime Animal Center want to take care of your pet like it was our own. We believe three things are very important to the safety of any anesthetic procedure:

Pre-Anesthetic Blood Testing

Vital Systems Monitoring

Appropriate Pre-Operative and Post-Operative Pain Management

Preliminary estimate = \$ _____

- Yes, I accept the Doctors Health Care Plan for my pet.
- No, I waive the Doctors Health Care Plan for my pet and accept full responsibility for any consequences. I would like the following services for my pet:

_____ Bloodwork Appears healthy & < 8 yrs old = \$52.50
 Sick or > 8 yrs old = \$99.50

_____ Vital Systems Monitoring \$16.50

_____ Pain Management Medicine \$22.00

I authorize the following general procedure(s) with the associate appropriate care for my pet:

I authorize the use of such anesthetics, as you deem advisable in the performance of such surgical, diagnostic, or therapeutic procedures. I realize that the administration of any anesthetic agent carries a small but realistic possibility of side effects, which include death.

I recognize the nature of the surgical procedures being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I agree to indemnify and hold Lifetime Animal Center L.L.C.; it's doctors, and employees harmless from and against any and all liability arising from our performance of any of the procedures referred to above.

Owner/Agent Signature: _____ **Date:** _____

Phone Where I Can Be Reached Today: _____

Pet's Name: _____ Color: _____ Age: _____ Breed: _____

Phone Consent From: _____

Witness #1: _____

Witness #2: _____