



**FRISCO WEST**  
ANIMAL MEDICAL CENTER

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Procedure: \_\_\_\_\_

I, the undersigned owner or agent of the pet identified above, authorize the veterinarian(s) at Frisco West Animal Medical Center FWAMC to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any concerns I have about those risks with the attending FWAMC veterinarian before the procedures are initiated.

In an effort to provide the best care available for your pet, we offer pre-anesthetic blood work to help insure your loved one will not have any adverse effects from the anesthetic.

***Yes, I would like to ensure my pet does not have any pre-existing health problems that might adversely effect the anesthesia. – \$79.75***

***No, I do not wish to have any blood work performed on my pet or blood work was last performed on: \_\_\_\_\_.***

Microchip, a form of permanent identification, can be implanted while pet is under anesthesia.

***Yes, I want my pet microchipped – \$72.27***

***No, I do not want my pet microchipped or my pet is already microchipped.***

Puppies and kittens of 6 months of age or older, that have persistent deciduous “baby” teeth, are at risk of avoidable dental problems in the future. Extraction of these teeth is recommended.

***Yes, I authorize the attending FWAMC veterinarian to extract these teeth.***

***No, I do not authorize extraction of these teeth.***

Nail Trim  Yes  No

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that any prices quoted for such procedures are not non-complicated operations and that any unforeseen complications may result in further cost. I assume financial responsibility for all charges incurred to patient, and I consent to the release of medical information for the said animal.

**I have read and fully understand the terms and conditions set forth above.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_