

**CONSENT FORM**  
**Elkhorn Animal Hospital**  
**402-289-4285**

**Owner Name:** \_\_\_\_\_ **Pet:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

*PLEASE READ CAREFULLY AND SIGN*

The procedure that your pet will be undergoing today includes the following:

- a pre-surgical exam - anesthesia - the surgical procedure itself - surgical monitoring
- pain management **(during surgery, post surgery and for use at home as necessary)**

In addition, prior to surgery, we recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run were you to undergo a surgical procedure. The results of these tests will also serve as reference values for future use should your pet become ill.

**The costs listed below are in addition to the cost of the surgery itself.**

**General Health Profile**

**Pre-Anesthetic Bloodwork**

**COST = \$200.00**

Includes:

Complete Blood Count (assesses anemia, infection, clotting)  
BUN (kidney)    ALB (liver)    ALB/GLOB (liver)    ALKP (liver)  
Glucose (blood sugar)    ALT (liver)    CHOL (Cholesterol)  
TP / Electrolytes (hydration)    Creatinine (kidney)    GGT (liver)  
SDMA (kidney)    PHOS (kidney)    TBIL (liver)

**CHECK ONE:**

General Health     Decline pre-surgical Bloodwork

Bloodwork has been Completed within the last 30 days

**PET IDENTIFICATION (HomeAgain)**

**COST = \$55.00\*\***

**\*\*Includes cost to implant chip, activation fee and first year membership.**

We recommend implanting **HomeAgain** microchips in case pets are lost or stolen. This is a permanent identification that your pet can never lose, alter or damage. Animal shelters nationwide routinely scan all pets they receive.

**CHECK ONE:** \_\_\_\_\_ Yes    \_\_\_\_\_ No    I would like a microchip implanted in my pet.

I am the owner or agent for the owner and hereby consent to and authorize the performance of the procedure(s) listed above. I also authorize the use of appropriate anesthetics and other medications deemed necessary by the Veterinarian. I have been advised to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

X \_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date