



**Blood work**

Midvalley Animal Clinic recommends preanesthetic blood work on all pets. Our reason for requesting blood work on senior pets prior to surgery is to detect underlying health issues and evaluate your pets overall health. Even seemingly healthy animals may have health problems that can make surgery risky and/or recovery more difficult.

Due to the increased incidents of underlying health conditions with senior pets, we strongly recommend blood work prior to anesthesia on pets over the age of 6 years.

We **require all pets 10 years and over** have blood work prior to any anesthetic procedure.

I understand and **approve** preanesthetic blood work \_\_\_\_\_(initials)

I understand and **decline** the preanesthetic blood work \_\_\_\_\_(initials)

**Dental**

\_\_\_\_\_ (initials) I understand my pet is having a dental cleaning performed today. I give doctors and staff at Midvalley Animal Clinic permission to extract any teeth needed. I understand the patient's age and over all health are used to determine which teeth will be extracted. I understand Midvalley Animal Clinic's trained technicians perform the cleaning and extractions under doctor's supervision. I understand I will not receive a call prior to any extractions due to the increased risk of prolonged anesthesia.

Initials		Decline
	I give Midvalley Animal Clinic permission to sterilize my pet if requested regardless of whether the the sex was stated incorrectly, has retained testicals, or is in heat. I understand there may be additional charges.	
	I understand retained deciduous (baby) teeth can cause health issues and dental disease in the future. I give Midvalley Animal Clinic permission to extract all deciduous teeth at time of surgery. I understand there is a fee of \$10 for each deciduous tooth	
	I understand if an estimate of charges was given, the estimate is only an approximation and that unforeseen circumstances may result in final charges substantially greater then the estimate.	
	I authorize Midvalley Animal Clinic to do the preceding services on my pet. I understand the following (1) No guarantee of successful outcome of treatment is either expressed or implied. (2) Risks are involved in the treatment of any condition including death.	
	I understand all fees for services rendered are payable by cash, check, or credit card at the time services are rendered. I understand any past due accounts are subject to all costs of collection, including legal fees.	
	<b>I am the owner, or authorized agent of the owner of the pet presented for care.</b>	

I have been advised of the nature of the procedure mentioned above and the risks involved in performing these procedures. I hereby and forever release the doctors and staff at Midvalley Animal Clinic of Taylorsville, Utah from any liability arising from anesthesia and surgery on the aforementioned animal.

\_\_\_\_\_ Client name (print). \_\_\_\_\_ Signature \_\_\_\_\_ date