



8605 Hanover Industrial Dr.
Columbia IL 62236
(618) 939-6188
mvs@htc.net

ANESTHESIA/SURGERY AUTHORIZATION AND CONSENT FORM

Pet: _____ Owner: _____

Procedure: _____

Date: 01/31/2018

PATIENT HISTORY

Comments:

- Has this pet previously been under anesthesia? Yes No
- Is this pet currently on any medications? Yes No _____
- Has this pet had any prior allergic reaction to any medications? Yes No _____
- Is this pet in need of vaccinations? Yes No
- If yes, do you authorize us to vaccinate your pet? Yes No _____
- Did your pet eat anything in the last 8 hours? Yes No
- Has your pet had an illness or injury in the past 30 days? Yes No

LABORATORY SCREENING

Every patient deserves to be screened for internal problems not evident by physical exam. These tests ensure that your pet may go under anesthesia with minimal risk to their health and are *highly recommended*

- Comprehensive Profile (\$54 for animals over 7) Wellness Profile (\$42 for animals under 7) Declined

AVID MICROCHIP IDENTIFICATION

As a means of permanent identification, a microchip can be implanted under your pet's skin while under anesthesia.

- Yes (Fee \$33.00) Declined

CONSENT AND AUTHORIZATION

I hereby authorize Mueller Veterinary Services (MVS) to perform the above procedures. I understand that if any conditions or complications are identified, I authorize the appropriate treatment and I accept responsibility for any additional charges. MVS staff will attempt to contact me at my given contact number if changes to my pet's treatment are necessary, but in the event that is not possible, the doctors and staff will use their best medical judgement. The nature of these procedures has been adequately explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures and I will not hold MVS, the doctors, or staff

I also agree to be responsible for payment in full of all above mentioned procedures/treatments at the time of my pet's discharge. Should payment not be received in full, I agree to pay all associated charges, including finance, interest and any applicable collection or attorney fees as a result of the account balance at MVS. I also understand MVS may use all measures necessary to contact me if I am unable to be reached by my given contact information.

Signature of Person Responsible: _____

Phone Number where you may be reached today: _____