

HOEGEMEYER ANIMAL CLINIC

1516 Sidney Baker

Kerrville, Texas 78028

830-896-6507

<NUMBER> <CONTACT><CLIENT> <ANIMAL> <DATE>

PROCEDURE SCHEDULED _____

DR _____

During this procedure, your pet will receive the following:

- A full physical examination prior to the anesthesia
- A comprehensive pre-surgical blood profile to ensure proper organ function prior to anesthesia
- An intravenous catheter for venous access to administer fluids and access in case of emergency
- Monitoring by technicians using a pulse oximeter which helps assess depth of anesthesia
- Pain management where appropriate

_____ I **ACCEPT** placement of a microchip for my pet

COST \$ 82.62

_____ I **DECLINE** placement of a microchip for my pet

_____ My pet already has a microchip

The nature of the procedure has been explained to me and no guarantee has been made as to results or cure. I understand that there is a risk involved in these procedures, including that of anesthesia. I have read and accept the above conditions of this hospital admission statement.

Signature of owner / agent _____

Phone number I can be reached IMMEDIATELY today _____

Email where I can receive correspondence today _____