



102-50 Sage Creek Blvd  
 Winnipeg, MB  
 R3X 0J6  
 Phone: (204)255-1150  
 Fax: (204)255-1244

**AUTHORIZATION TO PERFORM SURGERY/DENTAL CLEANING**

The anesthetics used at Sage Creek Animal Hospital are extremely safe. As with any anesthetic procedure, there is always the chance that complications may occur, including anesthetic death. At Sage Creek Animal Hospital, your pet will receive pre-anesthetic blood testing and be placed on IV fluids during their procedure to further reduce the risk of complications.

Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Procedures: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Personal Belongings: \_\_\_\_\_

Was your pet fasted overnight? **YES/NO**

Has your pet experienced any abnormal behavior recently? (ie: lethargic, vomiting, diarrhea, change in appetite, change in urination) **YES/NO** if yes, what? \_\_\_\_\_

Is your pet current with all of their required vaccinations (Dogs: DA2PP & Rabies, Cats: FVRCP)? **YES/NO**

When was your pet last in heat (females only)? \_\_\_\_\_

**- PREANESTHETIC BLOOD TESTING: \*Mandatory for all animals over 6 years of age\***

<input type="checkbox"/> <b>Accept under 6 yrs of age</b>	Mini blood chemistry, electrolytes and CBC testing to assess liver, kidney function, anemia, infection and dehydration in your pet for safe anesthetic protocols.	<b>\$93.00</b>
<input type="checkbox"/> <b>Accept over 6 yrs of age</b>	Full Blood chemistry, electrolytes and CBC testing to assess liver, kidney function, anemia, infection, dehydration and electrolyte imbalance in Senior pets for safe anesthetic protocols.	<b>\$136.00</b>
<input type="checkbox"/> <b>Decline</b>		

**- INTRAVENOUS FLUID THERAPY: \*Mandatory for all dental procedures, brachycephalic breeds, dogs under 4 kg, cats under 2 kg, and animals over 6 years of age\***

<input type="checkbox"/> <b>Accept</b>	To allow immediate access to a vein in case emergency drugs need to be administered. To keep your pet hydrated before, during and after surgery. This also helps the body to flush out the anesthetic drugs used during surgery.	<b>\$59.00</b>
<input type="checkbox"/> <b>Decline</b>		

**- DENTAL RADIOLOGY: \*Mandatory for all extractions\***

<input type="checkbox"/> <b>Accept</b>	Dental X-rays assist the veterinarian in diagnosing dental disease that is not apparent on the surface such as bone loss, periodontal pockets, abscesses, resorptive lesions.	<b>\$32.00- \$180.00</b>
<input type="checkbox"/> <b>Decline</b>		

**- OPTIONAL:**

TATTOO (free): **YES/NO**

MICROCHIP (\$63): **YES/NO**

FLUORIDE TREATMENT (\$15-20): **YES/NO**

DENTAL XRAYS (\$30-150): **YES/NO**

With a routine spay or neuter there are other medical conditions that we may come across during our pre-surgical exam. If any of the following are found we will attempt to contact you prior to beginning of surgery.

Cryptorchid Inguinal \$20

Cryptorchid Abdominal \$242-265

Umbilical Hernia Male \$84

Umbilical Hernia Female \$73

In Heat \$40

In the event **I cannot be reached**, Sage Creek Animal Hospital has permission to proceed with medical care for:



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- A life-threatening condition (i.e. resuscitation): **YES/NO**
- Additional services that will preserve or enhance my pet's health (i.e. dental extractions): **YES/NO**

I hereby authorize and direct the veterinary staff of the Sage Creek Animal Hospital to perform the above-mentioned procedure(s) and additional diagnostic and /or treatments as deemed advisable or necessary for my pet. The nature of the procedure(s) has been fully explained and I understand them.

I also certify that no guarantees or assurances have been made regarding the results that may be obtained. I understand there may be risks involved in the procedure(s).

Furthermore, I accept the financial responsibilities for all charges incurred to be settled at the time of discharge unless otherwise arranged with the hospital. I understand that any written or quoted estimates are an approximation and the costs may be more or less than the amounts.

With my signature I hereby certify that I have read and fully understand the above statements.

**Personal Belongings:** \_\_\_\_\_

**Primary Contact Name & Number today:** \_\_\_\_\_

**Secondary Contact Name & Number today:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_