

## Consent Form

Date:

Client:

Pet Name:

Age:

Sex:

Breed:

Patient ID:

Microchip ID:

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine preanesthetic examinations. We strongly recommend a Preanesthetic blood test profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatments.

Injectable pain control helps control pain and keep patients comfortable after procedures. Faster recovery time, shorter hospital stay and fewer surgical complications are all benefits of pain control.

Please check yes or no for the following:

YES  NO Preanesthetic Profile: Reduce risk of anesthetic complications

YES  NO Would you like oral pain medication dispensed? Your pet will be given injectable pain medicine today.

YES  NO Are Exam/vaccinations current?

YES  NO Need exam/vaccinations today? FVRCP  RABIES  FELV  EXAM

YES  NO Would you like your pet microchipped? Activation? Yes or No

YES  NO Would you like your pet tested for Feline Leukemia/FIV/Heartworm?

YES  NO If your pet is diagnosed with ear mites do we have permission for treatment?  
If yes,  Milbemite or  Revolution

I, \_\_\_\_\_, the owner or agent of \_\_\_\_\_, hereby understand, consent, and authorize the doctor(s) and staff of the above named veterinary medical hospital to perform the following procedure(s):

The nature of these procedure(s) have been explained to me and no guarantee has been implied or made as to the results or cure. I understand there may be risk involved in the treatment of my pet. I further understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional procedures.

**ALL PETS WITH FLEAS WILL BE TREATED AND OWNER IS RESPONSIBLE FOR CHARGES**  
**ALL SERVICES ARE STRICTLY CASH AND MUST BE PAID AT THE TIME OF DISCHARGE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency/contact telephone number: \_\_\_\_\_

Would you like to be contacted after your pet wakes from anesthesia?  YES  NO