

Please sign and return with animal on day of surgery.



Animal Care Clinic

David Dettmer, DVM
Andrew Dirksen, DVM
Kyle Yarde, DVM

Owners Name: _____

Pet's Name: _____

Species: _____

Breed: _____

Sex: _____

Age: _____

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors of the Animal Care Clinic, to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain medication as needed before or after the procedure.

Pre-operative Bloodwork

- Your pet is scheduled for a procedure requiring general anesthesia and should do fine. We will perform a physical exam before administering anesthesia. We highly recommend a Pre-op blood profile be performed to insure your pet is at low risk during anesthesia. By performing this important Pre-op blood profile, we will be able to rule out pre-existing internal problems that may not be evident on physical exam, but could lead to serious complications.

\$53.00 Agree to test _____

Decline test at this time _____

Heartworm Testing-Includes Lymes/Ehrlichia/Anaplasma

- We recommend that your dog be tested for Heartworm Disease prior to anesthesia. Must be at least 1 year of age to test.

\$43.50 Agree to test _____

Decline test at this time _____

Cell Number: _____ **E-mail address** _____

Phone Number: _____ **Emergency Number:** _____

Signature of owner/responsible agent: _____