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_____

**Feline Leukemia Testing**
- We recommend that your cat be tested for Feline Leukemia prior to anesthesia if not already current on vaccines.

$43.00 Agree to test_____ Decline test at this time_____

Cell Number: __________________________ E-mail address____________________
Phone Number: ______________________ Emergency Number: ____________________

Signature of owner/responsible agent: ________________________________