



# Animal Care Clinic

David Dettmer, DVM  
Andrew Dirksen, DVM  
Kyle Yarde, DVM  
Brittany Conkey, 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.

**\$58.00    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.

**\$45.00    Agree to test \_\_\_\_\_    Decline test at this time \_\_\_\_\_**

**Cell Number: \_\_\_\_\_ E-mail address \_\_\_\_\_**

**Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_**

**Signature of owner/responsible agent: \_\_\_\_\_**



# Animal Care Clinic

David Dettmer, DVM  
Andrew Dirksen, DVM  
Kyle Yarde, DVM  
Brittany Conkey, 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.

**\$58.00    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 atleast 1 year of age to test.

**\$45.00    Agree to test** \_\_\_\_\_ **Decline test at this time** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Emergency Number:** \_\_\_\_\_

**Signature of owner/responsible agent:** \_\_\_\_\_



Animal Care Clinic  
1303 E. 7th Street  
Auburn, IN 46706

## Dental Release Form

**Client:**

**Patient:**

**Breed:**

**Age:**

A pet dental exam can help us understand your pet's oral health and aspects of your pet's overall health. As part of your pet's dental exam and cleaning, we will chart their oral health and add that to their permanent health record.

During the exam, we may find teeth that require additional work. We will attempt to call you if unanticipated, non-emergency procedures are needed to correct your pet's dental condition.

However, when we have to call during the procedure, your pets are subjected to prolonged anesthesia and expense at a later date to complete treatment. Instead, if you would like to select one of the following options should unforeseen, non-emergency procedures become necessary.

\_\_\_\_\_ Yes, I give my consent for the doctors to use their professional judgement and extract any teeth necessary to maintain my pet's health.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO** give my consent for the doctors to extract any teeth necessary.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO NOT** give consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.

\_\_\_\_\_ No, I **DO NOT** give consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.

---

Print Name

Signature

Date

Contact Number \_\_\_\_\_