

Animal Care Clinic

David Dettmer, DVM Andrew Dircksen, DVM Kyle Yarde, DVM

Brittany Conkey, DVM Nicole Schroeder, 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.

Ψ/0.00	Agree to test	Decline test at this time
Feline	Leukemia Testing	g
 We reco already 	ommend that your cat current on vaccines.	be tested for Feline Leukemia prior to anesthesia if not
\$47.00	Agree to test	Decline test at this time
Cell Number:		E-mail address
Phone Number:		Emergency Number:
Signature of	owner/responsibl	e agent: