



# Animal Care Clinic

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**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.

**\$70.00**    **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.

**\$47.00**    **Agree to test** \_\_\_\_\_

**Decline test at this time** \_\_\_\_\_

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

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

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

**Please Sign and Return with Animal on day of Surgery**

**2222 Hunters Cove • Auburn, IN 46706 • (260) 925-2929**