**Please sign and return with animal on day of surgery.**

# Animal Care Clinic

David Dettmer, DVM
Andrew Dircksen, DVM
Kyle Yarde, DVM
Brittany Conkey, DVM
Nicole Schroeder, DVM

**Owners Name:** **Breed:**
**Pet's Name:** **Sex:**
**Species:** **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____**

**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.

**$47.00** **Agree to test____** **Decline test at this time____**

**Cell Number: _____E-mail address_____**
**Phone Number: _____Emergency Number: _____**

**Signature of owner/responsible agent: _____**