Asheboro Animal Hospital

"Dedicated to Jesus Christ! Doing Our Best to Serve You and Your Pets!"

Please read carefully and sign!

Client #: _____ Pet's name:_____ Canine, Feline, or Other: _____ Male or Female

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

☐Spa ☐Castration ☐Declaw ☐ **Use Laser** ☐ Teeth Cleaning & Polishing ☐ **Extract teeth if needed**
☐Remove wart(s)/Skin growth(s) or Tumor(s) ☐ **Histopath** ☐ Other:_____
☐Please tattoo: _____ on the inside of the right thigh. Or ☐Mirochip Implant

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. Asheboro Animal Hospital will use all reasonable precautions against injury, escape, or death of my pet. If any of the doctors discover any problems with your pet or if any unexpected conditions occur, Asheboro Animal Hospital will make every reasonable effort to contact you before any extra expenses are incurred. During spays there is an **additional charge** if your animal is **in heat, pregnant, lactating or obese**. I understand that **no guarantee or assurance has been made as to the results obtained** and though every reasonable effort will be made to prevent my pets from getting sick while here, there is always the possibility, though not any greater than at other area animal hospitals, of my pet contracting an infection while at Asheboro Animal Hospital.

All dogs and cats are required to have proof of current Rabies and DHPP or FVRCP vaccinations and must have had a physical exam by a licensed veterinarian within 1 year or get them while they are here. We strongly recommend that your pet be vaccinated at least 14 days and no longer than 1 year prior to leaving your pet with us.

Usually there are not any serious complications from anesthesia and routine operations or procedures; **however,** serious and even life threatening complications may occur especially if your pet has unseen health problems, such as anemia, kidney disease, or liver disease. For this reason, **Asheboro Animal Hospital *STRONGLY* recommends performing preanesthetic blood tests** to insure that your pet is in a low risk category; however, **they are not required.** Please indicate your choice below:

☐ Complete Blood Count, & 6 other tests ☐ FeLV/FIV Test
☐ Complete Blood Count, & 12 other tests for general body functions ☐ Heartworm Test
☐ No, do not do any preanesthetic testing, but please perform the authorized procedure(s) anyway.

The **estimated cost** of the above procedures and blood tests is: $_____._____
Has your pet eaten anything in the past 12 hours? YES NO UNKNOWN
Please list any medications your pet is currently on: _____
Any known allergies or **adverse reactions or seizures**? NONE or YES: _____
Has your pet acted sick in the past 10 days? NO YES: _____
If your pet is a dog, is it on heartworm prevention? YES NO Do you want some? YES NO
What pain medication do you want us to send home for your pet? Pills 3x/day Liquid if available None
Phone number in case of emergency or if additional information is needed: _____

_____ _____
Signature of Owner or Agent Date