

**WATEREE ANIMAL HOSPITAL  
PROCEDURE CONSENT FORM**

Client File #: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

Last Vaccinations: \_\_\_\_\_ Heartworm Prevention/Other Medications Taken: \_\_\_\_\_

Date: \_\_\_\_\_ Today's Phone Number: \_\_\_\_\_

As the owner or agent of the owner of the above animal, I hereby give my consent for the following procedures to be performed:

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect reasonable care and judgment will be used in performing the procedure(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal and realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

ALL ANIMALS ADMITTED MUST HAVE CURRENT CANINE RABIES AND PARVO VACCINATIONS or FELINE DISTEMPER VACCINATION AND MUST BE FREE OF EXTERNAL PARASITES.  
ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To help detect pre-existing conditions, we recommend that all cases be screened prior to anesthesia by means of the following laboratory testing. (**Canine spay, Canine neuter, Feline spay and Feline de-claw includes Pre-Anesthetic Blood Screening**)

**Waterree Animal Hospital strongly recommends the following for your pet:**

Please initial your acceptance for non-routine anesthetic procedures that do not include blood work:

- \_\_\_\_\_ **Pre-Anesthetic Blood Screen for Healthy Pets Under 7 Years of Age:** \_\_\_\_\_   
BUN (kidney), clotting time, WBC (white blood cell count), PCV (red blood cell count), SGPT (liver)
- \_\_\_\_\_ **Blood Screening for Pets over 7 years of age or with Health Concerns:** \_\_\_\_\_   
BUN, ALT, CBC, plus tests for Glucose (blood sugar), ALP (liver), Total Protein (hydration) and Creatinine (kidney) = GHS1B (general health screen 1B)
- \_\_\_\_\_ **Leukemia/Feline Immunodeficiency Virus Test:** \_\_\_\_\_   
for cats not tested previously or vaccinated against feline leukemia
- \_\_\_\_\_ **Heartworm Test:** \_\_\_\_\_   
for dogs not currently on heartworm prevention

**Other:** \_\_\_\_\_

- Please complete the blood work which I have initialed. If abnormalities are found, please contact me at the phone number listed above.

\_\_\_\_\_  
Signature of Owner/Agent

- I choose to decline the recommended blood work at this time and request that you proceed with anesthesia.

\_\_\_\_\_  
Signature of Owner/Agent