

White Oak Animal Hospital

Surgery / Procedure Consent Form

Date _____ Owner's Name _____ Pet's Name _____

Routine Procedure: CANINE

_____ SPAY
_____ NEUTER
_____ DENTAL

Routine Procedure: FELINE

_____ SPAY
_____ NEUTER
_____ DECLAW (FRONT FEET ONLY)
_____ DENTAL

Other Procedure/ Treatments: _____

DENTALS ONLY:

Do we have permission to extract teeth? YES _____ NO _____

Pre-Surgical Screen: ALL PETS FOR ALL PROCEDURES!!

This screens for medical problems that cannot be seen on a physical exam → *This test is recommended for pets having sedation!*
ACCEPT _____ DECLINE _____

Surgical Laser: NOT RECOMMENDED FOR ALL SURGERIES

The laser is used in place of the scalpel blade → *Laser surgery helps to reduce pain, reduce blood loss, and reduce the chance of infection.*
ACCEPT _____ DECLINE _____

Leukemia/ AIDS Test: FELINE

Feline Leukemia and Feline AIDS are highly contagious and potentially fatal diseases. Both are transmitted through bite wounds or are acquired from their mother. → *We recommend testing cats with a high risk of exposure who have not been tested prior.*
ACCEPT _____ DECLINE _____

Heartworm Test: CANINE

Heartworms are transmitted by the bite of a mosquito. → *Heartworm disease can cause complications during anesthesia or sedation.*
ACCEPT _____ DECLINE _____

Home Again: ALL PETS

Would you like your pet to be microchipped while under anesthesia?
ACCEPT _____ DECLINE _____

I hereby authorize and direct the veterinarians of White Oak Animal Hospital to perform the above procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cures. I understand there may be risk involved in these procedures and all questions have been answered to my satisfaction.

SIGNATURE OF OWNER/ AGENT: _____

PHONE NUMBER: _____

DISCHARGE APPOINTMENT: _____

DEPOSIT REQUIRED AT TIME OF DROP OFF