

White Oak Animal Hospital Surgery / Procedure Consent Form

DATE _____ OWNER'S NAME _____ PET'S NAME _____

Routine Procedure: CANINE

_____ SPAY
_____ NEUTER

Routine Procedures: FELINE

_____ SPAY
_____ NEUTER
_____ DECLAW

Other Procedure / Treatments: _____

TATTOO: Do we have your permission to tattoo your pet? YES ___ NO ___ (NO CHARGE)

*A tattoo permanently identifies animals as spayed or neutered to avoid unnecessary surgeries.

Pre-Surgical Screen: ALL PETS
FOR ANY PROCEDURE!!

This screens for medical problems that cannot be seen on a physical exam. ⇒ *This test is recommended for pets having sedation!*

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 or who have not been tested prior.*

ACCEPT _____ DECLINE _____

Heartworm Test: CANINE
OVER 6 MONTHS OF AGE!!!!

Heartworms are transmitted by the bite of a Mosquito. ⇒ *Heartworm disease can cause complications during anesthesia or sedation.*

ACCEPT _____ DECLINE _____

Home Again: ALL PETS

Microchips allow for temperature scanning so rectal thermometer can be avoided

Would you like your pet to be Microchipped while under anesthesia?

ACCEPT _____ DECLINE _____

*Some pets may need a mild sedative to be administered at home. Quiet pets heal faster and have fewer complications. Please let us know if you feel your pet may need a mild sedative.

ACCEPT _____ DECLINE _____

**I give White Oak Animal Hospital permission to treat my pet in the event a life-threatening emergency should arise. I am aware that I will be financially responsible for the cost of my pet's emergency treatment.

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 a risk involved in these procedures.

SIGNATURE OF OWNER/AGENT _____
PHONE NUMBER _____
DISCHARGE APPOINTMENT _____
OWNER'S DOB _____