

# 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 \_\_\_\_\_