## MUDDY CREEK ANIMAL HOSPITAL CONSENT FORM

other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operations and the risk involved. I realize that results cannot be guaranteed.  Please list current medications/ last given  When did your pet last eat?  Is your pet experiencing any problems at this time?  Any known allergies to medications?  PRE-ANESTHETIC BLOOD TESTING  ( Blood work is mandatory for all surgical patients over six(6) years of age.)  YES, I want my pet to have a pre-anesthetic blood screen.  NO, I do not want my pet to have pre-anesthetic blood screen. I realize that anesthesia without preoperative blood testing may increase the anesthetic risk to my pet.  PAIN MEDICATION  Pain medication will administered to all surgical patients while in hospital. Additional pain medication will be dispensed at the discretion of the Doctor.  Thave read and understand this authorization and consent.  Contact Person:  Phone Number:  Phone Number:  ( Please Print Name)	NAME:			NAME OF ANIMAL:			
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Rabies   FELV/FIV Test   Heartworm Test   Fel- Leuk Vac   Fecal   FECAL   Bordetella   Lyme    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(a) or operation(s).  ADMIT FOR:  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(a) 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 procedure(s) or operation(s) as an encessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operations and the risk involved. The results cannot be guaranteed.  Please list current medications/ last given  When did your pet last eat?  Is your pet experiencing any problems at this time?  Any known allergies to medications?  PRE-ANESTHETIC BLOOD TESTING  ( Blood work is mandatory for all surgical patients over six(6) years of age.)  YES, I want my pet to have a pre-anesthetic blood screen.  NO, I do not want my pet to have a pre-anesthetic blood screen. I realize that anesthesia without preoperative blood testing may increase the anesthetic risk to my pet.  PAIN MEDICATION  Pain medication will administered to all surgical patients while in hospital. Additional pain medication will be dispensed at the discretion of the Doctor.						Weight:	
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