

MUDDY CREEK ANIMAL HOSPITAL CONSENT FORM

NAME:	NAME OF ANIMAL:
ADDRESS:	SPECIES:
	BREED:
CLIENT I.D. #	SEX:

VACCINES

Canine	Consent	Feline	Consent
DHPP		FVRCCP	
Lepto		RABIES	
Rabies		FELV/FIV Test	
Heartworm Test		Fel- Leuk Vac	
Fecal		FECAL	
Bordetella			
Lyme			

Weight: _____

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(s) 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(s) 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 are necessary 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. 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.

I have read and understand this authorization and consent.

Contact Person: _____ **Phone Number:** _____
(Please Print Name)

DATE: _____ **SIGNATURE** _____ **WITNESS** _____

Would you like for your pet to get a microchip. _____