

**McGovern Animal Clinic
Procedure Consent Form**

Patient Name: _____ **Owner name:** _____

Species: _____ **Breed:** _____ **Sex:** _____ **Age:** _____

WE MUST be able to contact you (or your spouse) about your pet. Please leave phone #'s where we can speak to someone authorized to make a decision.

1st # _____ 2nd # _____ E-MAIL _____

Procedure(s)

I am the owner/agent of the above animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I understand that during the performance of the foregoing procedure and/or anesthesia and/or surgery, unforeseen conditions may arise that complicate the procedure; therefore, I hereby consent to and authorize the performance of such additional procedure(s) or operations as are necessary in the professional judgment of the veterinarian. I also authorize the use of appropriate anesthetics, and medications. I understand that my animal will be monitored either electronically or manually during all procedures. I have been advised as to the procedure(s) or operation(s) and the risks involved. I realize that all anesthetic and surgical procedures carry certain risks and/or complications, including death, and acknowledge that no guarantee has been made regarding results of the intended or any necessary related procedures. I have read this authorization and consent and understand it.

Owner/Agent Signature _____
Date

ANY PET FOUND TO HAVE FLEAS UPON ENTERING THE CLINIC WILL BE TREATED WITH ADVANTAGE AT THE OWNERS EXPENSE: _____ **Please initial.**

We recommend the following procedures prior to anesthesia/surgery

Pre-anesthetic Testing:

We recommend all pets under going anesthesia receive a pre-anesthetic blood screen to help identify any pet/s that might be an anesthetic or surgical risk and maximize safety. **All pets 6 years or older or at risk MUST have a pre-anesthetic testing!** The fee for blood screening is **\$56.00**. If additional tests are needed, this cost will increase.

I want my pet to have a pre-anesthesia testing. Yes No (circle one)

Vaccination Policy:

We require all pets entering the clinic to be vaccinated, unless stated otherwise by the veterinarian. If you pet is not current on their vaccinations or if adequate records are not provided, you pet **WILL** be vaccinated in accordance with policy at the owner expense:

_____ PLEASE INITIAL

Owner/Agent Signature _____
Date