Client consent form

Clinic name: _____ Date: _____
Client: _____
Patient: _____
Daytime phone: _____ Evening phone: _____
Anesthetic and surgical procedures to be performed: _____
_____

Please read carefully and sign.
I, the undersigned owner or agent of the owner of the pet identified, authorize the veterinarian(s) and staff at _____ to perform the above procedures(s). I understand that some risks always exist with anesthesia and surgery and that I'm encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedures(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and most serious complications
- The length and type of follow-up care required
- The estimate of the fees for all services provided.

We require a blood profile before anesthesia and surgery to ensure that your pet is in a low-risk category. The latest technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. Please see the chart below to determine which tests apply for your pet.

Pet Health Screen 1	Pet Health Screen 2	Pet Health Screen 3
Healthy patients younger than 2 years.	*Healthy patients age 2 to 7 years.*	*Patients older than 7 years or with questionable health status.*
Includes:	**Includes all the tests in Pet Health Screen 1 plus:**	**Includes all the tests in Pet Health Screen 2 plus:**
• Complete blood count (assesses anemia, infection, clotting)	• Sodium	• Cholesterol
• BUN (kidney)	• Potassium	• Phosphorus (kidney)
• TP (hydration)	• Globulin (immune status)	• Total T4 (Thyroid function)
• Glucose (sugar)	• ALB (protein)	• Bilirubin (liver)
• ALKP (liver)	• Chloride	• Amylase (pancreas)
• ALT (liver)	• Calcium (certain cancers)	
• Creatinine (kidney)		

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment via cash, credit card, or check. I have read fully and understand the terms and conditions set forth above.

Signature of owner or authorized agent: _____
Date: _____