

THE ANIMAL CLINIC  
45 CRONIN DRIVE  
SANTA CLARA, CA 95051.

**SURGERY AND/OR MEDICAL TREATMENT-CONSENT FORM**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
Patient's Name \_\_\_\_\_ Sex \_\_\_\_\_

I, the owner/agent of the above mentioned pet(s) hereby authorize the veterinarians of The Animal Clinic and the staff to perform the following procedures

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

and such additional procedures as are considered therapeutically and/or diagnostically necessary due to some unforeseen conditions that may be revealed, I fully understand the risks involved with the procedures (Surgery and Anesthesia), possible complications and realize that results can not be guaranteed. I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. The estimate of charges for presently planned procedures is only an approximation.

**PRE OPERATIVE BLOOD TEST**

Like you, our greatest concern is the well being of your pet. We will perform the physical exam on your pet before anesthesia. However we strongly recommend Pre-Op blood test to rule out some underlying, pre-existing (liver; kidney) disease which may not be evident on physical exam: there is an additional cost of \_\_\_\_\_.  
D Yes. I want my pet to have Pre-Op blood test 0 No, I do not want my pet to have Pre-Op blood

**RECOMMENDATIONS**

- 1) Buster collar (to prevent chewing on stitches)  
 Yes  No Cost \$ \_\_\_\_\_
- 2) Felv and FIV (Leukemia and Feline AIDS)  
 Yes  No Cost \$ \_\_\_\_\_
- 3) Pain Medicine  Yes  No Cost \$ \_\_\_\_\_
- 4) Identification Chip  Yes  No Cost \$ \_\_\_\_\_
- 5) E.K.G.  Yes  No Cost \$ \_\_\_\_\_
- 6) Laser  Yes  No Cost \$ \_\_\_\_\_

**ALL SERVICES MUST BE PAID BEFORE ANIMAL IS RELEASED**

Cash  Check (w/DL)  MC  Visa  Discover

Signature x \_\_\_\_\_ Date \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME WORK

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
PAGER