

White Oaks Veterinary Clinic

131 W. Waterloo Rd

Edmond, OK 73025

405-330-0676

Client Consent Form

Client Name: _____ Date: _____ Phone: _____

Patient: _____ Species: _____ Breed: _____ Color: _____

Anesthetic & Surgical procedures to be performed: _____

Known allergies or other conditions: _____

Doctor Performing procedures: _____

NOTE: Record of current vaccinations administered by veterinarians other than White Oaks Veterinary clinic must be on file at the time of admission for elective procedures.

_____ I understand my pet has to be current on vaccinations (Da2pcpv and Rabies for Dogs and FVRCP, Leukemia and Rabies for cats) in order to be treated for elective procedures.

Elective Procedures to be performed:

_____ Remove warts or skin growths \$ _____ (See form for location)

_____ Flush & Clean Ears and remove ear hair \$ _____

_____ Trim Nails \$7.50

_____ Express anal glands \$15

_____ I understand that if my pet has parasites, it will be treated prior to surgery to prevent them from entering the sterile surgical site. I understand there is an additional charge for this based upon species of my pet and type of parasite(s).

Pre-Anesthetic Testing consent:

We strongly recommend performing a pre-surgical blood profile before anesthesia and surgery of your pet. A veterinarian will perform a comprehensive physical exam before sedation. However, many disorders of the kidneys, liver, heart & blood can't be detected without blood tests. In addition the results of these tests will serve as reference values for future use should your pet become ill.

<p>_____ Pre-Surg #1 \$60.00 Healthy Patients up to 7 Yrs.</p> <ul style="list-style-type: none">• Complete blood count (assesses anemia, infection, clotting)• Bun (kidney)• TP (hydration)• Glucose (sugar)• ALKP (liver)• ALT (liver)• Creatinine (kidney)• Electrolytes	<p>_____ Pre-Surg #2 \$74.00 Healthy Patients 7 Yrs. & Up Includes Pre-Surg #1 plus:</p> <ul style="list-style-type: none">• ALB (protein)• AMYL (pancreas)• Calcium• Cholesterol• Glob (immune status)• Phosphorus (kidney)• Tbil (liver)	<p>_____ I DECLINE a pre-surgical blood profile. I understand & assume all responsibility for additional risks or complications resulting from my refusal to approve this blood profile for my pets safety.</p>
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Heartworms: Heartworms live in the lungs and heart of infected animals and are transmitted by mosquitoes. There is an increased risk of complications or death during anesthesia and surgery for animals infected with heartworms.

I authorize a Heartworm test for my pet. \$25.00

I certify that my pet is current on Heartworm preventative.

I DECLINE a Heartworm test for my pet. I understand and assume all responsibility for additional risks or complications resulting from my refusal to approve this blood test for my pets' safety.

Feline Leukemia/FIV: Feline Leukemia and FIV(Feline Immune Deficiency Virus) are both highly contagious and are passed from cat to cat.

I authorize a Feline Leukemia/FIV test for my pet. \$38.00

I DECLINE a Feline Leukemia/FIV test for my pet. I understand and assume all responsibility for additional risks or complications resulting from my refusal to approve this blood test for my pets' safety.

Please read carefully and sign:

I, the undersigned owner or agent for the owner of the pet identified, authorizes the veterinarian(s) and staff at White Oaks Veterinary Clinic to perform the above procedure(s). I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the procedures to be performed on my pet have been answered to my satisfaction.

Pet Owner release:

I authorize hospital staff members to use all reasonable means necessary to prevent the injury, escape or death of my pet. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that sedation and anesthesia involves minimal risk to my pet, but I won't hold your clinic or staff liable in any manner whatsoever or under any circumstances in connection with this procedure. I agree to assume financial responsibility for all charges and provide payment via cash, check or credit card. I have fully read this consent form and agree to assume all risks.

Signature: _____ Date: _____