

Consent Form

Lake Olympia Animal Hospital, Inc.

Date _____ Pet's Name _____
Owner _____ Species _____
Address _____ Breed _____
_____ Sex _____
Today's Phone
Number _____

As the owner or agent of the above animal, I hereby give my consent to Lake Olympia Animal Hospital, Inc., to perform the following procedure(s): (please initial):

- | | |
|--|--|
| <input type="checkbox"/> Ovariohysterectomy (Spay) | <input type="checkbox"/> Castration (Neuter) |
| <input type="checkbox"/> Feline Declaw | <input type="checkbox"/> Dental Cleaning |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| _____ | _____ |

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation(s); or different procedures(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 or desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications, and I understand the hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize the results cannot be guaranteed.

Signature of Owner/Agent

To alert us to hidden or previously undetected medical conditions, this practice recommends pre-anesthetic blood testing prior to any procedure requiring general anesthesia. The cost of this profile is \$_____. (Please initial a choice below)

I accept _____

I decline _____