Lake Country Animal Hospital

915 Highway 158 West

RR NC 27870

252-308-1882

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the owner or agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give my consent to perform the following procedures:

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and the risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me of any obligation to all reasonable costs incurred regarding the animal.

All animals admitted **must** be free of external parasites (fleas, ticks, ear mites, etc). Any needed vaccination will be performed and any external parasites will be treated at the owners’ expense**.**

**PRE-ANESTHESIA BLOOD TESTING**

Most dogs and cats tolerate anesthesia very well and have no anesthetic problems. A physical exam is performed on all pets before surgery; however, further testing can help to decrease the risk of anesthesia.

**Please check your following choice(s)**:

 [ ]  I would like to have a more comprehensive pre-operative work-up performed on my pet (blood profile

 complete blood count). **This is recommended for sick pets and pets over the age of five**

[ ] I decline comprehensive bloodwork

 [ ]  I would like to have the recommended 4dx Heartworm test on dogs that are not on heartworm preventative or

 Felv/Fiv/Heartworm test for each cat never tested.

 [ ]  I decline heartworm or Felv/fiv testing

 [ ]  I would like to have any additional problems found addressed (i.e. eyes, ears, skin, intestinal parasites checked, etc.)

 [ ]  I decline having additional problems addressed-unless the Veterinarian deems necessary.

**SURGICAL PAIN CONTROL**

All surgical procedures cause some degree of pain. Anesthesia will prevent your pet from feeling pain during surgery, but as the anesthesia wears off, pain may become more evident for the patient.

**Note: Please understand that some procedures may require administration and/or dispensing of pain medication(s) and/or antibiotics at the Veterinarian discretion.**

**MICROCHIP**

This is a microchip placed under your pet’s skin where they can be identified if lost. Microchip includes lifetime registration.

 [ ]  I would like my pet to be micro-chipped. [ ]  I decline at this time.

**I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:**

**Signature of Owner/Authorized Agent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_