



AT LAKE OF THE PINES, INC.

**10868 Combie Rd. Suite 130
Auburn, CA 95602
530 268-1266**

CONSENT FOR TREATMENT AND/OR SURGERY

Owner's Name _____ Pet's Name _____ Breed _____ Age _____

Owner's Home Phone _____ Owner's Phone Today _____

1. I am the owner or agent for the owner of the above described pet, have the authority to execute this consent, and am over the age of eighteen.

2. I consent to authorize the following procedure(s) or operation(s):

Date _____ Procedures _____

3. I understand that during the procedure, unforeseen conditions may be revealed that necessitate an extension of the procedures or different procedures than stated above. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the veterinarian's judgment.

4. I also authorize the use of appropriate anesthetics and other medications. I understand the inherent risks in the use of anesthetics and other medications and accept this risk as part of the procedure.

5. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

6. I have been offered pre-anesthetic blood testing and have been advised of its importance.

7. Payment in full is expected at the time of release.

8. I have read and do understand this form and hereby voluntarily give my consent.

9. I am aware that Animal Clinic at Lake of the Pines is staffed only during regular office hours. Patients in hospital overnight or on the weekend will not have continuous care by qualified staff. 24 hour facilities with continuous presence of qualified staff are available by referral.

MISCELLANEOUS INFORMATION

Has your pet had any food within the past twelve hours? () Yes () No

Is your pet currently on Heartworm prevention medication? () Yes () No

Does your pet have any history of seizures? () Yes () No

Has your pet had any adverse reactions to anesthesia or to any medications in the past? If yes, please explain.
() No () Yes _____

Signature of Owner or Agent _____ Date _____

Signature of Witness _____ Date _____