

# **NORTHLANDS ANIMAL CARE HOSPITAL**

## **ROUTINE PROCEDURE CONSENT FORM**

Owners Name: ..... Date:.....

Contact Daytime Phone Numbers: H. .... W. .... M. ....  
(Please make sure you are contactable on at least one of these phone numbers whilst your animal is in our care)

Pets Name: ..... Breed: ..... Age: ..... Weight: .....

**PROCEDURE:** .....

My pet was last fed at .....(Time and Date)

Is your Pet currently on any medication? ☐ Yes ☐ No (If yes, what are the current medical conditions?)

Details .....

Has your Pet had any of the following health concerns? ☐ Coughing ☐ Vomiting  
☐ Diarrhoea ☐ Change in Appetite / Drinking ☐ Other

### **For Procedures, Anaesthesia, and/or Surgery, the following statement needs to be authorised:**

I understand and acknowledge the following:

- ☐ I understand, authorise and request that the advised procedure is carried out.
- ☐ All procedure (especially more complicated, non-routine procedures) may result in unexpected complications and outcomes.
- ☐ If unexpected complications or an anaesthetic emergency occur, the situation will be assessed and further treatment options will be discussed as soon as is reasonably possible with me. Any further treatment costs will be my responsibility, either during or following the procedure, either by my Veterinarian or a Veterinary Specialist.
- ☐ I also give permission for the Veterinarian to use human medicines on my animals if animal licensed drugs are not available.
- ☐ The procedure, together with possible risks and potential complications, as well as the expected outcome, has been explained to me.

### **Pre Anaesthetic Blood Tests.**

We perform a full physical examination before administering anaesthesia. A pre-anaesthetic blood test is highly recommended to reduce the anaesthetic and surgical risk and helps us rule out pre-existing internal problems that may not be evident physically but could lead to complications.

- ☐ Please perform the pre-anaesthetic blood test, if abnormalities are found you will call and inform me, cost for testing 8 parameters \$87.
- ☐ I have decided not to have the blood test performed and accept the increased risk, I request you continue the anaesthetic and surgical procedure.

**Does Your Pet Need Any Other Treatment Today?** ☐ Vaccination ☐ Flea / Worm  
☐ Anal Glands ☐ Microchip ☐ Nail Clip ☐ Grooming

**Estimate of Cost for Surgery / Procedure Including Pre-Anaesthetic Blood Test - \$.....**

I understand the estimated cost of the procedure can change due to unforeseen circumstances that can arise during any procedure and agree to pay these costs.

**I agree to full payment on discharge by:** ☐ Credit Card ☐ Eftpos ☐ Cash ☐ I have Pet Insurance

**Signed:** ..... **Date:** .....

