Animal Care Clinic

Dr. Robin O'Neill
704 S Melgaard Road
Aberdeen, SD 57401

Procedural Consent Form

Owner's Name: ____Date:___________________

❖ **Phone Number** where you can be reached **today**:_________________________________

Address: ____

Pet's Name: _____________________________ Pet's Age: ____________________________

I certify that I own, or have authorization over, the above-described animal. I do hereby consent and authorize the Animal Care Clinic and its staff to administer and complete any/all tests and treatments agreed upon, that the doctors deem necessary for the health, safety and well-being of the above animal while it is under their care and supervision.

******For anesthetic procedures, please check any optional lab work you would like your pet to have******

_____ Full bloodwork (CBC & Surgical Profile) prior to surgery *$108.00
_____ Partial bloodwork (Surgical Profile only) prior to surgery *$53.00
_____ Feline Leukemia/FIV test performed on my cat prior to surgery *$47.50

OR

_____I decline any pre-anesthetic lab work being done on my pet

The following surgical procedure and/or treatment will be performed on my pet:
____

I would like my pet to have an e-collar(cone) for the recovery phase (fee applicable) : ______yes______no (please initial one)

I request a Microchip for my animal *$37.50 (email:___________________________) ____yes____no

I agree to pain medication being prescribed, if deemed necessary. (fee applicable): _______yes _______no (please initial one)

I understand that I am financially responsible for the above procedures and treatments as discussed and agreed upon in the ESTIMATED charges of $____________.
PAYMENT IS DUE AT THE TIME OF DISCHARGE *(initial: ________)*

Please choose which of the following payment options you will be using:

CASH_____ CHECK_____ CREDIT OR DEBIT CARD_____

I understand that there are risks involved with treatment and surgical procedures such as my pet may injure itself, refuse food, vomit/have diarrhea, or die while in the hospital. I will not hold the Animal Care Clinic and staff responsible and/or liable, in the absence of gross negligence. I also understand that my pet may get 'soiled' while in the clinic for certain procedures despite the staff's efforts to avoid this.

Signature of person authorized to consent for patient: ________________________ Date: ________

(At discharge) I have received and reviewed the discharge instructions: _________