

LONDON VETERINARY CLINIC

796 SOUTH LAUREL ROAD

LONDON, KY 40744

(606) 878-6965

PATRICK BOLAND, D.V.M.

MICHELLE BOLAND, D.V.M.

Date _____ Pet's Name _____

Owner _____ Species _____

Breed _____ Sex _____ Weight _____

Today's Telephone Number _____

As the owner or agent of the above animal, I hereby give my consent to London Veterinary Clinic to perform the following procedures:

- 1) _____
- 2) _____
- 3) _____

For patients receiving dental cleaning please initial:

I do consent I do not consent to any extractions or filling that London Veterinary Clinic Staff deems necessary. I understand there are additional charges for these services .

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 London Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. In the event that my animal should, for some unforeseen reason, injure itself, fail to eat, become ill, or die, I will not hold London Veterinary Clinic and its employees responsible. I expect that reasonable precautions will be used to insure the clinic's care and agree to pay them in full at the time of discharge.

Signature of Owner/Agent _____

PREANESTHETIC SCREENING RELEASE

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during routine pre-anesthetic examinations.

In order to evaluate your pet's basic physiologic condition we recommend preanesthetic testing prior to all procedures requiring anesthesia. The preanesthetic screening will help us to know if we need to take extra precautions with you pet. It may indicate that we should avoid a procedure altogether until a discovered problem can be corrected. We strongly recommend a small blood and/or urine sample be taken before surgery.

0-6 Yrs.	Packed Cell Volume, Blood Clotting Time, Kidney Function Screen, Liver Evaluation:	\$57.25
6+ years	Complete chemistry and blood count	\$93.75
8+ years	Complete chemistry and blood count-mandatory	\$93.75

The preanesthetic screening is not a guarantee against problems with a procedure, but it will certainly help us deal with a problem, should it arise. We urge you to allow us to do a preanesthetic screen.

I have read the above statement and:

(Please Initial)

_____ I approve, or have previously completed the appropriate preanesthetic screen on my pet.

_____ I do not want a preanesthetic screen on my pet.

Please note additional services you would like performed while your pet is under anesthesia.

- Vaccinations Express Anal Sac AVID Microchip for Identification Clean Ears
 Growths Removed Heartworm Test Feline Leukemia Test
 Other: _____

