Animal Care Clinic

Procedural Consent Form

Dr. Robin O'Neill
1315 6th Ave SE, Ste 3
Aberdeen, SD 57401

Owner's Name: _____ **Phone Number:** _____

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/lyte/SDMA) prior to surgery *$193.00
_____ Partial bloodwork (Surgical Profile/lyte/SDMA only) prior to surgery *$138.00
_____ Feline Leukemia/FIV test (felines only) prior to surgery *$58.00

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 (please initial one)

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 $_____(to be filled out by staff).
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: _____