

# STATELINE ANIMAL CLINIC CONSENT FORM

100 Guthrie Drive  
Southaven, MS 38671

CLIENT'S NAME:

\_\_\_\_\_

RECORD NUMBER: \_\_\_\_\_

CLIENT CONTACT PHONE NUMBER:

\_\_\_\_\_

## PATIENT INFORMATION

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

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I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitates an extension of the forgoing procedure(s) or operations or different procedure(s) or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operations as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have advised as tot the nature of the procedure(s) or operations and the risks involved. I realize that results cannot be guaranteed.

In order to help prevent anesthetic and post-surgical complications, the pre-surgical workup is recommended. Please check the workup below that you would like to have performed.

\_\_\_ For patients 8 years of age and under: Urinalysis and hematocrit

\_\_\_ For patients over 8 years of age: Urinalysis, hematocrit, BUN

\_\_\_ ALL DOGS not tested for heartworms in the past year: Heartworm exam

\_\_\_ ALL CATS not previously tested for Feline Leukemia: FeLV/FIV test

\_\_\_ Other \_\_\_\_\_

\_\_\_ I decline all pre-surgical testing.

**I have read and understand this authorization and consent. Date:** \_\_\_\_\_

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*Signature of owner or agent*

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*Witness to above signature*