

# Pukekohe Waiuku Veterinary Centre

## CONSENT FORM

Client's Name:

Animal Name:

Client's Address:

Species:

Breed:

Sex: M / F

DOB:

Weight:

kg

Best Contact Number Today:

Or:

Procedures to be carried out:

Recent History:

IF YES PLEASE SPECIFY

Has your pet eaten in the last 8 hours

YES / NO

Has your pet ever suffered from epilepsy or seizures

YES / NO

Has your pet ever had adverse reactions to any drugs

YES / NO

Is your pet on any current medication

YES / NO

Does your pet have any medical conditions or illnesses

YES / NO

**Pre-anaesthetic Blood Tests** - Recommended for all animals especially those over 7 years  
(There is an additional charge of approximately \$110 for this procedure)

YES - I want my pet to have a pre-anaesthetic blood test

NO - I don't want my pet to have a pre-anaesthetic blood test

**Pain Relief:** We are committed to minimising pain and discomfort for our patients. For any procedure that we consider painful, post-operative pain relief medication will be administered.

**Pre-operative Consent:**

I \_\_\_\_\_ being the owner/guardian of the animal described above hereby give permission for the procedures listed above which have been described to me. If the procedures require an anaesthetic, I give consent for an anaesthetic to be performed. I am aware of the risk of possible complications and these have been explained to me to my satisfaction. I understand that in the event of an emergency situation, or a very urgent complication arising during the procedure, the practice will take necessary action to control the problem and will notify me as soon as practicable of the situation. I understand that during a dental procedure the Veterinary Surgeon may extract teeth for the well being of the patient.

**All procedures are to be paid for on the day, unless prior arrangement has been made.**

Signature: .....

Date .....

Witnessed by .....