



ANIMAL WELLNESS CENTER
MARTA W. ENGEL, D.V.M *** Janna Kottke, D.V.M. *** Laura Buss, D.V.M.
315 E. DECKER ST.
VIROQUA, WI 54665

XXXXXXXXXXXXXXXXXXXXX SURGICAL CONSENT XXXXXXXXXXXXXXXXXXXXXXXX

OWNERS NAME _____ DATE _____

ANIMAL'S NAME _____

SPECIES _____ BREED _____ COLOR _____

AGE _____ SEX _____

I certify that I am responsible for the above described animal, and I request the Rising Sun Animal Wellness Center and staff to hospitalize my pet for the following procedure(s):

____ Spay ____ Neuter ____ De-claw ____ Dental cleaning/extractions _____

____ Nail Trim ____ Microchip ____ Express Anal Glands ____ Check Ears and Clean If Necessary

Vaccinations: ____ Rabies ____ DAPPv/DRC Other _____ Additional Pain Medication

Other _____

To provide the highest quality care, we recommend preoperative blood screening for your pet.

I have been informed of the recommended preoperative blood screens available.

____ I decline to have pre-operative tests performed ____ Pre-op tests have been done within 1 month

I choose to have:

- ____ CBC profile done to test for blood count, infection, and clotting ability
- ____ Pre-operative profile done for organ and metabolic function
- ____ Preoperative test and CBC recommended for young, healthy patients.
- ____ Comprehensive test for organ and metabolic function.
- ____ Comprehensive test and CBC recommended for animals over 5 or compromised by disease.
- ____ My dog/cat tested for T4 thyroid function
- ____ My dog/cat tested for heartworms
- ____ My dog tested for 4 tick-borne diseases and heartworms 4DX
- ____ My cat tested for feline leukemia/FIV/HW

RSAWC will use all reasonable precautions against injury, escape or death of my pet, and will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I have been advised of the advantage and risk of this procedure. All charges shall be paid upon release from the clinic unless prior arrangements have been made.

After carefully reading the above, I have signed in agreement.

_____ Date _____
Owner or responsible party

PHONE WHERE YOU CAN BE REACHED TODAY _____

Office use only:

Informed consent provided by _____ (DVM initial) By phone _____