

Account #: <number>  
Client: <first-name> <last-name>  
Patient: <animal>  
Date: <date>

### CONSENT TO TREAT RELEASE FORM

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a pre-anesthetic examination. However, many conditions, including heartworms, feline leukemia, disorders of the liver, kidneys, or blood, as well as the ability to clot and fight infection, are not detected unless blood testing is performed. For these reasons we strongly recommend blood screening before your animal is given an anesthetic.

Pre-anesthetic testing does NOT guarantee the absence of complications, there is no guarantee to the outcome of any treatment / procedure, however it may greatly reduce the risk of complications as well as identify medical conditions that require treatment or monitoring.

**PLEASE CIRCLE YOUR CHOICES BELOW:**

**ALL PATIENTS**

**YES NO** Patients under the age of 8 years old - \$42.00  
I want my pet to have a *pre-anesthetic* blood screen. (Test for kidney and liver function, diabetes)

**YES NO** Patients over the age of 8 years old - \$68.00  
I want my pet to have a complete *health profile* blood screen. (Complete CBC and chemistry profile)

**YES NO** I want to have my pet *microchipped*. \$38.00

**YES NO** I would like to have my pet's clotting times tested. \$19.95

**DOGS ONLY**

**YES NO** I want my dog tested for heartworms. \$19.95 \*

**YES NO** I want a **6 mo** or **12 mo** supply of Heartworm Preventative \* *Test required - see above*

**CATS ONLY**

**YES NO** I want my cat tested for Feline Leukemia and Feline Aids. \$34.70

I, the undersigned, do hereby certify that I am the owner or authorized agent of the owner of this animal. I assume full financial responsibility for said animal regardless of the outcome of the procedure. Furthermore, I agree to indemnify and hold Companion Care and it's employees harmless from and against any and all liability arising out of the performance of the procedure. The risks involved in the procedures listed below have been explained to me and my questions and concerns have been answered to my satisfaction. I do hereby give Companion Care Veterinary Clinic and it's staff full and complete

**AUTHORITY TO PERFORM THE FOLLOWING PROCEDURES:**

SPAY \_\_\_\_ NEUTER \_\_\_\_ DECLAW \_\_\_\_ DEWCLAW REMOVAL \_\_\_\_ DENTAL CLEANING \_\_\_\_

---

---

---

PLEASE NOTE – ANY PETS FOUND TO HAVE FLEAS **WILL** BE TREATED FOR A SMALL FEE. THANK YOU FOR KEEPING OUR CLINIC PARASITE FREE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Number you can definitely be reached at this morning - \_\_\_\_\_