

**Risinger Veterinary Hospital**  
**551 FM 148**  
**Terrell, Tx 75160**  
**972-563-3305**

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Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Today's Phone Number: \_\_\_\_\_ Prefer text: Yes  No

**As the owner or agent of the owner of the above animal, I hereby give my consent to Risinger Veterinary Hospital to perform the following procedures:**

\_\_\_\_\_  
\_\_\_\_\_

*I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set forth above. I expect Risinger Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedure and risk involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedures will not relieve me from any obligation to all reasonable costs incurred regarding this animal.*

*Signature of Owner or Owner/Agent* \_\_\_\_\_

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.**

*Signature of Owner or Owner/Agent* \_\_\_\_\_

**LABORATORY TEST WAIVER**

*If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. We recommend that all patients be screened prior to anesthesia by means of the following laboratory tests. Please accept or waive these procedures by initialing and signing below.*

- | <u>Yes</u> | <u>No</u> |   |
|------------|-----------|---|
| 1. ___     | ___       | Complete Blood Count and 12 panel Internal Organ Function Screen              |
| 2. ___     | ___       | IV Catheter and IV fluids   |
| 3. ___     | ___       | Heartworm Test (dogs, if not currently on preventative)                       |
| 4. ___     | ___       | Fecal Test (dogs, if not currently on prevention)                             |
| 5. ___     | ___       | Post-OP Pain Management with take home medication                             |
| 6. ___     | ___       | Leukemia Test and F.I.V. (cats, if not tested within last year or vaccinated) |
| 7. ___     | ___       | Home Again Microchip  |
| 8. ___     | ___       | E-Collar (size required varies per pet)                                       |

*Signature of Owner or Owner/Agent* \_\_\_\_\_