

Leek Veterinary Clinic

80 Broad Street, Leek,
Staffordshire. ST13 5NS
☎: 01538 373666

Consent to Treatment / Surgery

Owner: Leek Veterinary Clinic

Pet: Animals Under My Care 1-25214

Address: 80 Broad Street
Leek
ST135NS

Species: Unknown

Breed:

Sex: Gender Unknown, Not
Neutered

Age:

Weight: **Previous:**
Current:

☎:
☎:

Please read the following consent. If you have any queries please do not hesitate to ask the receptionist or veterinary surgeon.

1. I am the owner or agent of the above animal and have the authority to give this consent. I am over 18 years of age.
2. I authorise the use of appropriate anaesthetics and other medications. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I realise that positive results cannot be guaranteed.
3. I understand that during the operation, unforeseen conditions may be revealed that necessitate extending or carrying out different procedures than those stated below. I acknowledge that every endeavour will be made to contact me by telephone beforehand in these circumstances. I hereby give consent to and authorise the performance of such procedures as are necessary and desirable in the exercise of the veterinary surgeon's professional judgement.

4. I consent to and authorise the performance of the following procedure(s) or operation(s):

Procedure / Operation to be performed:

5. In order to protect the welfare of the animal, in the unlikely event of an emergency, or where additional pain relief or sedation may be required, I understand the veterinary surgeon may decide to use medicines that are not authorised for use in this species.
6. I do / do not wish to have a pre-operative blood screen carried out.
7. I understand that all fees must be settled at the end of surgery.
8. Estimated cost for this procedure:
9. I have read and understood this form and hereby voluntarily give my consent.

Signature of owner/Agent: **Date:**

Contact Number(s) on day of procedure	Landline	
	Mobile	

Admission form

Owner: Leek Veterinary Clinic

Address: 80 Broad Street

Leek

ST135NS



Pet: Animals Under My Care 1-25214

Species: Unknown

Breed:

Sex: Gender Unknown, Not Neutered

Age:

Weight: **Previous:**

Current:

When did your pet last eat? (Please note the time)_____

Is there any chance that he/she may have stolen any food? YES / NO

If YES please give details _____

When did your pet last drink? (Please note time)_____

If your pet is a cat, have they been locked indoors over night? YES / NO

When did your pet last urinate?_____ Pass faeces?_____

Is your pet bright and well in him/herself? YES / NO Do you have any concerns about their health? YES / NO

If YES please give details _____

Is your pet on any medication? Yes / No

If YES please give details _____

When did you give the last dose/doses _____

Has your pet ever has a seizure? YES / NO

If YES please give details _____

If your pet is female and is coming to be spayed, when was her last season? _____

Is there any chance that she may be pregnant?_____

Is your pet insured? YES / NO Who with?_____ Policy number?_____

What items are you leaving with your pet today? (Please list items like leads, collars, cat baskets etc)
