# CONSENT TO GIVE ANAESTHETIC, SURGERY AND TREATMENT



CJ Reardon BVSc(Hons) BSc(Hons) MANZCVS GAICD & Associates

t Details	Name:			
	Address:		P/Code:	State:
	Phone Number:			
	Name:			
	Breed:			
Details	Colour:		Sex:	Age:
	Microchip Number:			
PR	E-ANAESTHETIC BLOOD TES	STING		
ana	eral anaesthetic in geriatric animals o esthetic risk. This can be minimized w ect any early abnormalities and use the	vith a Pre-Anaesthetic Blood Screen.	This procedure a	allows us to
This	procedure is strongly recommended	for all patients 8 years and over.		
		ny pet to have a Pre-Anaesthetic blo e-Anaesthetic blood screen	ood screen	
	en your pet is undergoing anaesthesia uld be taken to carry out any other pro		dering whether t	he opportunity
	<ul> <li>□ Microchip</li> <li>□ Intestinal wormin</li> <li>□ Annual vaccinatio</li> <li>□ Annual heartworn</li> <li>□ Heartworm test</li> </ul>	on		
PLE	ASE NOTE: Anaesthetic monitoring v	will include a vet nurse recording dat	ta which will be	kept on file.
DE	CLARATION			
_	of only my consent to the anaesthesia, surge ose details appear above. I have been r		terinary surgeor	
	ILL undertake to pay the fees incurred er payment arrangements according t		al from the clini	c or have made
ES	STIMATED FEE RANGE:			
6.			5	
Sigr	ned:		Date:	
For	market research, please indicate hov			
□ <b>W</b>	/ord of Mouth □ Online □ Wel	bsite Other		
		(picase specify in the space provided)		warwi

## WARWICK VETERINARY CLINIC

4 Albert Street, Warwick, QLD 4370

P 07 4661 1105 AH 0408 716 305

E admin@warwickvet.com.au

Open Mon – Fri: 8:30 am to 5:00 pm

Sat: 8:30 am to 12:00 pm

## ALLORA VETERINARY CLINIC

60 Herbert Street, Allora, QLD 4362

# P 07 4666 3127 AH 0408 716 305

E admin@warwickvet.com.au

Open Mon – Fri: 8:30 am to 5:00 pm

Sat: 8:30 am to 10:30 am

## **CLIFTON VETERINARY ROOMS**

62 Clark Street, Clifton, QLD 4361

# P 07 4666 3127 AH 0408 716 305

E admin@warwickvet.com.au
Open Wednesday and Friday:
10:00 am to 4:00 pm