

CONSENT FORM

Owner's Name: _____ Name of Animal: _____

Species: _____ Age: _____ Breed: _____ Sex: _____

I am the owner of the above named animal or am responsible for it and have the authority to execute this consent. I hereby authorize the performance of the following procedure(s) or operation(s):

PROCEDURE: _____

I hereby also authorize the use of such anesthesia as you deem advisable. Isoflurane anesthesia is used in 90% of the procedures due to its extreme safety. Any extra charge for anesthesia will be reflected on your itemized statement.

I hereby also authorize the use of pain management as you deem advisable. Pain relief medication plays an important role in your pet's comfort and speedy recovery. Any extra charge for pain relief medication will be reflected on your itemized statement.

MICROCHIP:

It has been reported that over 150,000 lost pets have been returned to their owner because the animal had a microchip. Please indicate here if you would like your pet to receive a microchip while under anesthesia: Yes: _____ No: _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary or desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of all appropriate medications and I understand hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that the results cannot be guaranteed.

I have read and I understand this authorization and consent.

Date: _____

Signature of Owner or Agent: _____

Emergency Number(s): _____
