



## Medical Consent Form

Today's Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Pet(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

I hereby consent and authorize the performance of the following treatment(s):

\_\_\_\_\_

\_\_\_\_\_ I understand that during the performance of the above treatment(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing treatment(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. These procedures may result in an additional cost.

\_\_\_\_\_ I have been advised as to the nature or the treatment(s) and risks involved. I realize that results cannot be guaranteed. I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Arbor Animal Hospital, the veterinarians or any team member liable for any complications that may arise.

\_\_\_\_\_ Veterinary service is provided after business hours when deemed necessary in the judgement of the veterinarian in charge. I understand that the continuous presence of qualified personnel may not be provided after business hours.

\_\_\_\_\_ I understand that I am financially responsible for payment at time of service. I understand that an estimate will be provided if desired.

I am the owner or authorized agent of the owner for the animal described above and have the authority to execute this consent. The nature and risks of this treatment(s) have been explained to me. My signature on this consent form indicates that questions have been answered to my satisfaction and that I accept full financial responsibility.

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