

CONSENT FORM

Owner: _____

Animal Name: _____

Species: _____

Breed: _____

Sex: _____

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

SEE ESTIMATE

I understand that during the performance of the foregoing procedures or operations, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or operations or different procedures or operations than those set forth above, and I will be responsible for any additional cost. Additional fees will be charged for animals in heat at the time of spaying, and to remove any remaining baby teeth. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the Veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I also understand that proof of vaccinations will be required for any hospital stay and without such proof the Veterinarian will give the necessary vaccinations per Hospital policy.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Date

Witness to above signature

MICROCHIP ID **YES** **NO**