

**TOWN AND COUNTRY**  
**ANIMAL HOSPITAL**  
*Authorization for Professional Services*

Name of Owner: _____		
Telephone:(Home)_____	(Work)_____	(Cell)_____
Name of animal:_____	Species:_____	
Breed:_____	Age:_____	Sex F M

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):

\_\_\_\_\_.

The nature of such services has been described to me to my satisfaction, and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

Anesthesia carries some risk, although small. Anesthetic agents are removed from the body by the liver and kidneys, therefore it is important to know that these organs are functioning properly. All patients undergoing general anesthesia will have a pre-anesthetic profile (Glucose, BUN, Creatinine, AST, ALT, Total Protein) and hematocrit performed. The cost of these tests is included in the price of the procedure. We care about your pet's comfort, therefore pain control medication is given to every patient undergoing surgery.

If your pet is in heat, pregnant, or has recently been nursing, there will be an additional charge to spay your animal. (Cost being \$\_\_\_\_\_).

When your pet is under anesthesia, it is an opportune time to do other procedures. I authorize these additional procedures for my pet:

ID Chip                      Yes\_\_\_\_ No\_\_\_\_ Cost: \_\_\_\_\_

Nail Trimming              Yes\_\_\_\_ No\_\_\_\_ Cost:\_\_\_\_\_

Ear Cleaning                Yes\_\_\_\_ No\_\_\_\_ Cost:\_\_\_\_\_

Other\_\_\_\_\_

Town and Country Animal Hospital will use all reasonable precautions against injury, escape, or death of the animal(s). However, we will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

If an owner fails to claim his pet, written notice will be mailed to the address above to remove the animal(s). Five days after such written notice, the animal(s) will be considered abandoned and may be disposed of in accordance with hospital policy. If the animal(s) is abandoned, it is understood that I am not relieved of paying the costs for your services and the use of your hospital, including the cost of keeping of said animal(s).

If I am under the age of eighteen years at the time of this agreement, I certify that I am acting as the agent on behalf of my parent or guardian, who is aware of this action, and who agrees to be legally bound by and responsible under the afore stated conditions and agreements.

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of the surgery and/or when medical services are provided.

Signature of Owner/Agent\_\_\_\_\_ Date:\_\_\_\_\_