



Patient Name: _____ Age: ____ Sex: _____ Species: K9 Fel Breed: _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

If your pet has fleas, a CapStar (24 hr flea control) will be administered to your pet, \$9.70 or \$10.10 charge will be added to the invoice.

In the event that _____ (Patient's name) should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of _____'s (Patient's name) status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please initial your choice below.

_____ I agree to resuscitation being performed in case of arrest
_____ I elect a "Do Not Resuscitate" status in case of arrest

For patients going home with oral medication, would you prefer **liquids** ___ **pills** ___

ADDITIONAL PROCEDURES OFFERED

(Please **initial** next to the services you want performed on your pet)

_____ Pre-anesthesia Blood Testing \$85

_____ Nail Trim \$15.25

_____ Nail Trim with Dremel \$63.00

_____ Anal Gland Expression \$18.00

_____ Clean Ears \$19.00

_____ Heartworm Test (Canines) \$55.50

_____ Feline Leukemia/Aids Test (Felines) \$72.00

_____ Microchip Implantation \$49.50

Other services _____

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Client's Name: _____ Client's Signature: _____

Date: _____ Best phone number to reach you at today: _____ TEXT or Call