

Community Pet Hospital

STANDARD CONSENT FORM

Owner's name _____
Address _____

Name of Pet _____
Species _____
Breed _____
Sex _____ Age _____

I am the owner or agent for 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) on the above named animal.

Examination____ Hospitalization____ Laboratory Work____ Radiographs____

General Anesthetic/Sedation____ Medical Treatment (injections, fluid therapy, pain management, medications)____ Dentistry with possible extractions____

Ultrasound__ Boarding__ Grooming__ Other__ Name _____

Surgery__ Name Procedure _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different 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 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 the hospital support personnel will be employed as deemed necessary by the veterinarian realizing the initial estimate may be adjusted accordingly.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

If necessary, written notice will be mailed to the above address to remove this animal from Community Pet Hospital. Written notice will be deemed performed upon deposit of such notice in the U.S.Mail. Five days after such written notice the animal will be considered abandoned and may be disposed of or destroyed, as you deem best, and it is understood that your doing so does not relieve me from paying all costs of your service and the use of your hospital, including the cost of boarding.

If this account goes for collection by suit or otherwise, I agree to pay all costs of collection including a reasonable collector's or attorney's fee, plus 18% interest until paid.

I have read and understand this authorization and consent.

Owner/Agent Signature

Date

Phone Numbers