

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

Owner's Name: _____ Pet's Name: _____

Address: _____ Dog ___ Cat ___ Sex ___ Age ___

City & Zip: _____ Description _____

I am the owner or agent for the owner of the above-described pet and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or surgery.

If any unforeseen condition or circumstance arises which in the Veterinarian's professional judgment calls for diagnostic or therapeutic procedures in addition to, or different from, those now contemplated, I am to be contacted at the following telephone number: _____. If the attempted contact is unsuccessful, I further request and authorize such procedures.

I understand that general anesthesia always carries certain risks, and those risks are increased by concurrent or underlying disease processes (particularly those involving the respiratory, cardiovascular, or central nervous system); extremes of age; poor nutritional status; dehydration; anemia; or obesity. I also understand that any surgical procedure carries with it potential risk, including (but not limited to) hemorrhage, infection, reactions to suture material or adhesions (internal scar tissue).

I have been advised as to the nature of the procedure or surgery and the risks involved. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I understand that I assume full financial responsibility for all services rendered.

Signature of owner or responsible agent Date

