



MARKET LANE ANIMAL HOSPITAL CONSENT FORM

OWNERS NAME:

PETS NAME:

DATE:

SEX:

BREED:

AGE:

I am the owner of the animal described herein or am responsible for him/her and have authority to execute this consent. I hereby consent and authorize the performance of the procedures on the provided estimate.

- A. Microchip Identification:** Is highly recommended – please initial if you wish to have it done.

\$80 **Initials** _____

- B.** In order to protect your pet against **shock** during anesthesia or surgery, as well as to have an **immediate easy access to a vein** for a quick administration of emergency medications, an **intravenous catheter is inserted and fluid therapy** is given during the surgery.
- C.** Prior to anesthesia we test your pet's blood to reduce the anesthetic risks and to detect any underlying or developing health problems which may require treatment and postponing the surgical procedures.

TERMS AND CONDCTIONS:

For elective surgery to be done at this clinic, an animal's vaccination status must be current and the animal must be deemed to be in good health by the attending veterinarian, who may refuse to perform a requested procedure should these conditions not be met.

AUTHORIZATION:

1. I am the owner of the animal identified above. I am 18 years of age or older, and I have the authority to give this authorization and do so voluntarily, having been advised of all the probable and material risks associated with the treatment.
2. I understand that unforeseen conditions may be revealed during the identified procedures which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments.

I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian.

3. The veterinarian has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures. In particular, I have been advised that, in the event that the treatment requires the use of anesthesia, that there is a risk of death every time an anesthetic is used and I have been advised of the possibility, small as it may be, of such occurrence.
4. I authorize the performance of the identified procedures and the use of associated anesthetics and other medications.
5. I have read and understand this authorization. Initials _____

I have had the fees for the above procedures outlined to me and I agree to pay all such fees and charges in full at the time of services rendered or discharge of the animal from the hospital. In the event that I am unable to pay the fees in full, the above named Animal Hospital reserves the right to keep my animal(s) hospitalized until such time as all fees are paid.

Initials _____

Final price may vary from estimates on this sheet. A 50% deposit is required at the time of admission.

NO CHEQUES ACCEPTED

I understand that risks may be involved.

Date: _____

Signature of owner/agent: _____

Emergency telephone # _____ ***(please make yourself available to answer any questions we might have)***