



Standard Consent Form

Owner(s) Name: _____ Date: _____

Best Contact Phone Number: _____

Email: _____

Pets Name: _____

Breed: _____

Check one: Male Female

Neutered Spayed

Consent

I am 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 procedures and/or operation(s):

To keep anesthetic complications to an absolute minimum, we recommend, but do not require, pre-anesthetic blood work for healthy pets under 4 years of age. We will need to draw and submit blood work up to one month prior to the day of anesthesia.

Check here: **I consent to pre-anesthetic blood work**

I also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated, including medically necessary dental extractions. I further agree to be liable for any and all charges incurred during the performance of the foregoing procedure(s) or operation(s), **including a required semi-annual Bordetella vaccine and DHLPP vaccine for dogs, FVRCP vaccine for cats and an updated Rabies vaccine. I understand that if vaccines are given elsewhere, I am responsible for providing this information no later than the time of drop off.** I understand that the bill is due and payable upon discharge. I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved, including unexpected death. I realize that results cannot be guaranteed.

Current Medications/Brand Diet/Other:

I have read and understand this authorization and consent.

Owner/Agent: _____ Date: _____