Consent Form

Client Name:		Pet's Name:
Address:		
Phone Number:		
	_	ribed animal and have the authority to execute this consent. ance of the following procedure(s) or operation(s):
conditions may be or different proceduperformance of suc veterinarian's profemedications, and I by the veterinarian involved. I realize	revealed that necessitate are(s) than those set for the procedure(s) or operal essional judgment. I also understand that hospital I have been advised to that results cannot be germined at the time of heart are supplied to the time.	If the foregoing procedure(s) or operation(s), unforeseen ed an extension of the foregoing procedure(s) or operation(s) the above. Therefore, I consent to and authorize the tion(s) as are necessary and desirable in the exercise of the authorize the use of appropriate anesthetics, and other support personnel will be employed as deemed necessary the nature of the procedure(s) or operation(s) and the risks uaranteed. I have read and understand this authorization and pospitalization that your pet has fleas, a flea control product
		Contact Phone:
Signature of owner	or agent	
Current Medication	ns:	Time last given:
organ function and system, therefore it is performed in our	ng anesthesia, it is recorblood cell counts. The is important to know the lab and the results will	etic Blood Screen Consent nmended that all pets have a blood screen to check basic iver and kidneys process the anesthetic agents out of the nat these organs are functioning properly. This blood screen be available the Veterinarian prior to the anesthesia; he/she e cost of the blood screen is \$61.70.
microchip is placed readable by a scann	t to be permanently ider I under the skin between her used by many anima o and first year enrollma	
	Initial: Yes	No
RABIES VACCIN		CCINATED AGAINST RABIES. IF NOT CURRENT, A TERED AT OWNER'S EXPENSE. Verified by: