CONSENT FOR SURGERY AND/OR TREATMENT

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Animal's Name:_____
Species Breed Color Age Sex

Owner's Name:_____

Address:_____
Street City State Zip

Home Phone:_____Work:_____Fax:_____Cell:_____

E-Mail Address:_____Trainer/Agent:_____ Phone: _____

I hereby authorize Dr._____and whomever he/she may designate as her assistants to perform

upon_____the following operation/treatment:_____

_____

and if any unforeseen condition arises in the course of the operation calling for his/her judgment for procedures in addition to or different from those now contemplated, I authorize him/her to do whatever he/she deems advisable. _____(Initial)

The nature and purpose of the operation/treatment, possible alternative methods of treatment, the risks involved and the possibility of complications have been fully explained to me by my Veterinarian. I acknowledge that no guarantee has been made as to the results that may be obtained. _____(Initial)

I hereby authorize and direct the above named surgeon and his/her associates or assistants to provide such additional medical or surgical services for my animal as he/she or they may deem reasonable and necessary, including, but not limited to, the administration and maintenance of the anesthesia and the performance of services involving pathology and radiology and hereby consent thereto. _____(Initial)

I have read and fully understand the above "Consent for Surgery/Treatment"; that the explanations therein referred to were made; and all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed. _____(Initial)

Signature of Owner/Agent:_____Date:_____

Print Name of Owner/Agent:_____ D.V.M. Signature:_____

Insurance Company:_____ Policy Number:_____

Agent:_____ Phone #:_____

MC/Visa/Dcvr#:_____ Exp. Date:_____CVC#_____
Last 3# on Back of Card

Name on Credit Card:_____ Card Holder Signature:_____

Card Billing Address:_____

Please note any Patient drug reactions, known allergies, and/or relevant medical history: _____

_____

_____