

CONSENT FORM

OWNER INFORMATION

Name: _____
Address: _____

Phone: _____

Email: _____
Authorized Agent of Owner: _____

PET INFORMATION

Name: _____ (Pet)
Age: _____ Sex: _____
Breed: _____ Colour: _____
Other Emergency Contact Name(s): _____

SERVICES

I am the owner (or agent of the owner) of the pet named above. I am 19 years of age or older and authorized to make decisions about the pet's health care.

Dr. _____, has discussed with me my pet's symptoms and conditions, including the likely or possible causes and diagnosis.

The treatment or procedure(s) recommended for my pet are the following:

- I have been informed of the nature of the treatment and its expected benefits. I have also been advised of the risks and complications associated with treatment and the alternatives to the treatment recommended.
- I understand that hospital personnel may provide or be involved in the procedure or care of the pet under the veterinarian's direction.
- I understand that it may be necessary to provide additional procedures, which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such additional or alternate emergency procedures as are necessary as deemed by the veterinarian's professional judgment.
- I understand that no veterinarian can guarantee the outcome of a veterinary procedure or treatment and I am responsible for full payment regardless of outcome.
- The estimated cost of the recommended treatment/procedure is _____ and I agree to payment of a ___% deposit on the high end of this treatment plan.
- I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that full payment is due at the time my pet is released from the hospital. I understand I will be updated and advised in a timely manner if charges exceed the estimate provided.
- In the event that I am not available to provide further instructions hereafter, I give permission to the staff to discuss further financial and medical aspects of this case on the same basis as above with the following:

Alternate's Name(s): _____

Signature of Owner/Authorized Agent of Owner: _____ Date: _____