

CONSENT FORM

Owner's Name _____ Date _____ Patient No. _____

Address _____ Patient Wt. _____ Age _____ Sex _____

Name of Animal _____ Breed _____ Color _____

I, being of legal age and the owner or the agent for the owner of the animal described above with the authority to execute this consent, hereby authorize Dr. Stoltz and the staff of Washington Veterinary Clinic to perform the following procedures:

I understand that all reasonable precautions against injury, escape, or death of the above animal will be used; however, I also understand that certain inherent risks are involved in the carrying out of any medical procedure or handling of an animal, which are beyond the control of the person(s) involved. In the absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold Washington Veterinary Clinic, its employees, or agents liable or responsible in any manner or circumstances for these risks.

I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure. If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure, such as hernia repair, tooth extraction, or IV fluids, the attending veterinarian may, in his/her discretion, perform such procedures.

I further agree to make prompt and complete payment upon discharge of the above animal. I understand that if I neglect to pick up the above animal within 5 days of written notification to the above address that said animal will be considered abandoned and may be disposed of or euthanized as you deem best. Taking this action does not relieve me from my financial obligation. I further understand and agree that in case of non-payment I will be subject to all billing and/or finance charges associated with my account. Should it become necessary to settle my account through a collection agency or attorney, I, the undersigned, agree to pay all said costs of collection.

Signed _____ Date _____

Phone number(s) I can be reached at _____

We will perform a physical examination on your pet before administering anesthesia and performing surgery and he/she should do fine. However, we recommend a pre-anesthesia blood profile be performed. The profile checks liver and kidney functions and glucose levels. The profile can help minimize the anesthetic risk. There is an additional fee of \$40.00 for this procedure. Please indicate your choice by initialing the appropriate line below.

_____ Please complete the blood work and inform me if there are significant abnormalities.

_____ I have decided to refuse the recommended profile at this time and request that you proceed with the procedure.