

**CONSENT FORM**

**Owner:** \_\_\_\_\_ **Animal Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Species:** \_\_\_\_\_  
\_\_\_\_\_ **Breed:** \_\_\_\_\_  
\_\_\_\_\_ **Sex:** \_\_\_\_\_

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_  
\_\_\_\_\_

I understand that during the performance of the foregoing procedures or operations, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or operations or different procedures or operations than those set forth above, and I will be responsible for any additional cost. Additional fees will be charged for animals in heat at the time of spaying, and to remove any remaining baby teeth. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the Veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I also understand that proof of vaccinations will be required for any hospital stay and without such proof the Veterinarian will give the necessary vaccinations per Hospital policy.

**MICROCHIP IMPLANT:** We are pleased to introduce a permanent identification system that is being used throughout the nation. If your pet is lost or stolen, this system will notify you if your pet is picked up anywhere in the United States or Canada. *A one-time charge will give your pet lifetime security.* The chip can be implanted while your pet is under general anesthesia. Ask now for details. **PLEASE IMPLANT THE MICROCHIP: YES NO**

**FLUORIDE TREATMENT:** A fluoride treatment for your pet will strengthen the tooth enamel and help prevent tartar buildup. Now is the time to apply the fluoride to give your pet protection for years to come. The preventative treatment now may delay a need for a comprehensive dentistry later in life. **PLEASE APPLY THE FLUORIDE TREATMENT: YES NO**

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to above signature