

Standard Consent Form

Owner's Name: _____ Date of scheduled procedure: _____

Patient's Name: _____ Species: _____ Sex: _____ Age: _____

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

I consent to admit my animal to Pet Central Animal Hospital. I am authorizing the doctors and staff to administer treatment and to perform such procedures that are deemed necessary by the doctor. The nature of these operations or procedures has been explained to me and I understand what will be done.

I hereby authorize anesthesia and surgery for my pet. I understand that some risks exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction.

Pet Central Animal Hospital provides high quality anesthesia monitoring and surgical techniques. I have been advised that there is a small risk of complications or side effects with use of an anesthetic. Various risks with the use of an anesthetic include: anesthesia complications (minor to life threatening), infection, seroma formation, coughing while eating/drinking, change in vocals, and rarely death. I acknowledge these risks and understand that the Veterinarians and hospital staff will try to minimize such risks.

I will not hold Pet Central, the Veterinarians, or any staff members liable for complications that may arise.

I authorize the use of appropriate anesthesia and pain relief medications as needed prior to the procedure. I have been informed that there are risks and cost associated with the use of medication.

I understand it is required that my pet is up to date on vaccines. Pet Central Animal Hospital will administer vaccines and charge my account accordingly if I am unable to provide proof that my pet is up to date on vaccines.

I understand that it is recommended that my pet wears a cone after the surgical procedure. I understand that I can purchase and bring my own cone for my animal to wear upon discharge. Pet Central will fit my animal for the correct size cone and charge my account accordingly if I do not provide my own.

Please initial here if you **DO NOT** want your pet to have a complementary nail trim: _____

I accept full financial responsibility for this animal and further understand that I am required to pay the bill in full prior to my pet being discharged from the hospital. A deposit of 50% of the estimate may be required at drop off.

Signature: _____

Today's date: _____

Phone Number: _____

Owner's Address: _____