

## Consent Form

Client ID:  
Client Name:  
Address:

Telephone:  
Cell:  
Work:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

**I hereby certify that I am the owner of the above-named animal or its agent and have the authority to execute this consent. I authorize the veterinarian to exam / treat the above described pet. I also understand that the charges will be paid at the time of release. I hereby authorize the performance of the following procedure(s):**

**Spay      Neuter      Dental Procedure      Declaw      Other: \_\_\_\_\_**

**Anesthesia Risk:** I understand that all anesthetics present some risk of complication from both known and unknown causes. With this knowledge I consent to its use on my pet.

**Medical Services:** The procedure is to include whatever medical services are considered reasonable and necessary by Drs. Calhoun, Fisher, or Lee. I understand that attempts to contact me will be made before any non-emergency work is performed. I am aware that complications or undesired results can occur. I am satisfied with my understanding of the common risks of this procedure.

**Pain Relief:** Some procedures can be painful. I understand that the veterinarian will give pain medication to manage such instances as they see necessary.

**Pre-anesthetic Examination and Blood Testing:** Pre-anesthetic physical examination will be performed on all animals undergoing anesthesia to help minimize any risk factors as mentioned above. Pre-anesthetic blood work can also help insure that pets have no undiscovered medical problems which may provide risk to the procedure. These tests are highly recommended to all patients undergoing general anesthesia, and may be required for some patients depending on age and other medical conditions.

\_\_\_\_\_ **Initial if you received an estimate for services being provided today.**

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Signature of Owner or Agent

Printed Name

**What phone number may we contact you at today?** \_\_\_\_\_