

**Medical/Surgical Consent Form**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Species: \_\_\_\_\_

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_



Medical Procedure(s): \_\_\_\_\_

If requested, we would be glad to provide an estimated cost. This is only an estimate. Some procedures may require more services than originally anticipated. Please ask for an estimate at time of check-in or request a phone call from the Dr. prior to starting the procedure.

Contact Information: It is imperative that we have phone numbers where you can be reached immediately.

Phone number: \_\_\_\_\_ Home Work Cell - Please circle

\_\_\_\_\_ Home Work Cell

If you can not be reached immediately when a decision must be made for the care of your pet, do you wish us to:

\_\_\_\_\_ **Proceed** with the care of your pet at the discretion of the attending Dr.

\_\_\_\_\_ **Do not proceed** without speaking to you first. You understand that this may mean not performing or completing a procedure until you can be reached, and May cause your pet prolonged or additional anesthesia.

Has your pet eaten today? \_\_\_\_\_ If yes, what time? \_\_\_\_\_

Are there any special conditions we should be aware of? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please indicate if you would also like any of the following services:

Nail trim: \_\_\_\_\_ Microchip: \_\_\_\_\_

Anal gland expression: \_\_\_\_\_ Vaccinations: \_\_\_\_\_

Fecal testing: \_\_\_\_\_ Other: \_\_\_\_\_

I authorize Family Pet Veterinary Practice to administer medical/surgical treatment as necessary. I also consent to the administration of such anesthetics as necessary. I certify that I have read and fully understand the above authorization for medical/surgical treatment. I understand the advantages and potential risks. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I understand that all fees are due in full when services are complete and I agree to pay those fees. I also understand that I am responsible for all finance, collections, and attorney fees incurred if I do not pay these charges.

Signature of Owner or Authorized Agent: \_\_\_\_\_