

PROCEDURE CONSENT FORM

Please add your Email:

Owner: <first-name> <last-name>, <number>

Budget: \$ _____

Address: <address>, <city>, <st> <zip>

Phone: <phone>

Secondary phone: _____

Patient: <animal>

Species: <species>

Breed: <breed>

Sex: <sex>

Age: <age>

Weight: _____ lbs.

I am the owner of the above described animal and/or authorized agent for the owner of the above described animal and have the authority to execute this consent. I am over the age of 18.

I hereby give _____, DVM of MSVC, PC and the facility's authorized staff or agents consent and authority to perform the following procedures: (list below)

1. _____ 3. _____

2. _____ 4. _____

More detail (list here):

The nature of all procedures listed above and the risks and potential complications involved have been explained to me. I understand what will be done and understand that if complications do arise the performance of additional procedures may be necessary. I have also been informed of alternative options to the above procedures.

I authorize the use of appropriate anesthesia and pain medications as needed before, during and after the procedures. I have been informed that there are certain risks and complications associated with the use of any medication.

I hereby acknowledge I have been given an estimate and/or option for an estimate of all charges and accept financial responsibility for the care of this animal. I also understand that all charges will be paid at the time of release and that a deposit may be required.

I have read and understand this consent.

Signed: _____ Print Name: _____

Date: _____ Witnessed by: _____