

Veterinary Consent Form

Date: _____

Owner's Name: _____

Name of Pet: _____

Dog _____ Cat _____ Other _____ (please indicate)

Breed _____ Color _____

DOB _____

Veterinarian (if specific) _____

Your dog or cat should not have any food or water after midnight the night before surgery (this is not relevant for exotics) ____ (Y) ____ (N) (please check one)

My pet hasn't had any food or water since midnight ____ (Y) ____ (N) (please check one)

It is important that we be able to reach you today.

Phone numbers: _____

Is your pet receiving any medications at this time? ____ (Y) ____ (N) (please check one)

If a dental cleaning is being performed today, teeth that are badly damaged by dental disease, may be pulled.

If your pet has not already been microchipped, would you be interested in this being done while s/he is under anesthesia? ____ (Y) ____ (N) (please check one)

Has your pet recently experienced vomiting, diarrhea, coughing or sneezing? ____ (Y) ____ (N)

Is your pet allergic to any drugs? If so, please list

I authorize the above-named veterinarian, and his/her staff, to perform the treatment/ procedure(s) described below. I have been informed of the reasons for the treatment/ procedure(s), along with the expected benefits and risks involved.

Procedure(s) being performed _____

I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian. I understand that I assume all risks.

_____ (signature of owner/agent) _____ (Date)