

# Owner Consent for Medical Procedures

Pet's name: \_\_\_\_\_

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

Medical treatments and / or procedure(s) to be performed: \_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarian(s) at Dallas Hwy. Animal Hospital to perform the above procedure(s). I understand that some risks always exist with drug therapy, anesthesia, surgical treatments, and/or medical treatments. I have been encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and the most serious side-effects
- The length and type of follow-up care and home care required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume financial responsibility for the fees, and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** \_\_\_\_\_ **does not have** \_\_\_\_\_ (check one) my permission to provide such treatment and I agree to pay for such services and understand that those fees are not included in my estimate.

I understand that during the treatment of my pet's condition and/or while procedures are being carried out, unforeseen conditions or symptoms may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost of additional procedures will not increase the total fee by more than 45% of that provided in the estimate for these procedures.

Has your pet eaten this morning? ( ) Yes ( ) No

Would you like your pet microchipped? The cost is \$54.18 ( ) Yes ( ) No

I have read and fully understand the terms and conditions set forth above.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

I can be reached at the following numbers: \_\_\_\_\_  
\_\_\_\_\_

Payment Method at check out (Please initial one):

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Care Credit \_\_\_\_\_