



South Arundel Veterinary Hospital

Name _____ Date _____

Pets Name _____ Age _____ Breed _____ Sex _____

Phone number(s) I can be reached at today: _____.

Time of last feeding: _____ AM/PM.

I am the owner or the agent for the owner of the animal described above, and I have (have been given) the sole and exclusive authority to execute this consent. *Please circle owner or agent*

I hereby consent and authorize Dr. _____ or another veterinarian employed by South Arundel Veterinary Hospital to perform the following procedure(s) or operations(s):

I understand that during the described procedure unforeseen circumstances may occur that necessitate the performance of additional procedures or treatments. I consent to such actions that the veterinarian feels necessary. I also authorize the use of appropriate anesthetics, pain relief and other medications. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised regarding the nature and risks of the procedure(s). I understand that complications and even death can result from any surgical or medical procedure. I realize that results cannot be guaranteed. I will not hold your hospital or staff liable in any manner whatsoever or under any circumstance in connection with this procedure.

Patient Safety

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, we will perform a physical examination to look for any conditions that could complicate the procedure and compromise the health of your pet. In order to identify other potential problems not apparent on the physical exam, we will also perform pre-operative laboratory testing and an EKG as appropriate for your pet's age, if not done prior to the day of the procedure. An intravenous catheter will be placed and intravenous fluids administered during the procedure when appropriate. This is important to maintain normal blood pressure and provide immediate access if emergency drugs are needed.

I assume all financial responsibility while my pet is in South Arundel Veterinary Hospital's care and understand payment is due in full at time of discharge.

Additional optional services requested today (please circle):

A receptionist will gladly provide you with information on fees upon request.

Microchip	Nail trim	Ear cleaning	Anal sac expression
Heartworm/Tick disease blood test		Stool parasite test	
Oravet dental sealant with dentistry		Other _____	

I have read and understand this authorization and consent

Signature of Owner

Date