

SURGERY/TREATMENT CONSENT FORM



Today's Date: _____

Owner: _____ **Patient:** _____
Case No: _____ **Species:** _____ **Breed:** _____
Street: _____ **Sex:** _____ **Age:** _____
City: _____ **Color:** _____
Phone: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Carmel Valley Veterinary Hospital, their agents, servants, and/or representatives full and complete authority to perform the treatments and or surgical procedures described as:

I understand that during the performance of the foregoing procedures and/or operations, unforeseen conditions may be revealed that necessitate an extension or change in the procedures or treatments set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are considered therapeutically and/or diagnostically necessary in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications and understand that veterinary service is provided during the nighttime hours only as necessary in the judgement of the attending veterinarian.

I have been advised as to the nature of the procedures or operations and the inherent risks involved. I realize that results cannot be guaranteed and complications can occur even under the best of conditions. I have read and understand this authorization and consent.

PAYMENT IS DUE UPON RELEASE-DEPOSITS MAY BE REQUIRED

Signed _____

Emergency Contact Phone _____

While your pet is at the hospital, would you like any of the following services to be performed?

<input type="checkbox"/> Nail trim \$9.50	<input type="checkbox"/> Minor Ear cleaning \$18.70
<input type="checkbox"/> Feline Leukemia/AIDS Test \$31.00	<input type="checkbox"/> Bathing/Comb out mats \$26-36.00
<input type="checkbox"/> Dental cleaning (general anesthesia only) \$98.00	<input type="checkbox"/> Flea/tick treatment \$16.50
<input type="checkbox"/> Anal Gland expression \$19.00	<input type="checkbox"/> ID microchip \$41.00
Vaccinations: _____	<input type="checkbox"/> Heartworm test \$25.80
_____	Other _____