

# CHATTAHOOCHEE ANIMAL CLINIC CONSENT FORM

OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

I am the owner or agent for the owner of the above named pet and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s):

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I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks it involves. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

I understand according to Chattahoochee Animal Clinic hospital policy that my pet must be current on all vaccines to enter the hospital for any procedure and I authorize the immunization of my pet.

Please note that as of 1/1/2010, we now require pre-anesthetic bloodwork with all anesthesia, at an additional cost.

Please circle the appropriate answer:

Has your pet **eaten** today?            YES            NO

May we administer **post-operative** YES            NO  
**pain medication**, if needed?  
(Additional charge)

May we administer a            YES            NO  
**"Home Again" Microchip**  
(pet identification) today?  
(Additional charge)

Do we have your permission            YES            NO  
to **clean your pet's teeth if needed?**  
(Additional charge)

## DENTAL PROCEDURES

Do we have your permission to            YES            NO  
**extract** diseased teeth that, in  
our opinion, cannot be saved?  
(Additional charge)

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NUMBER WHERE YOU WILL BE AVAILABLE BETWEEN 8:00AM AND 4:00PM Today: \_\_\_\_\_