Auburn Veterinary Hospital
SURGERY/PROCEDURE CONSENT AGREEMENT

Client Name: _____

If any problems arise, I may be reached at the following phone numbers:

Phone Number 1:_____   Phone Number 2:_____

Patient Name: _____

Species:_____   Breed: _____   Age: _____   Sex: _____

My Pet's Last Meal Was: **Date:**   **Time:**   **AM PM**

Has Your Pet Been Given Any Medication(s) Within The Last 48 Hours?   YES or   NO

   If So, Which Medication(s):

1._____   Date: Time: AM PM

2._____   Date: Time: AM PM

Any Known Allergies, Current Conditions or Previous History of Anesthetic Complications?

_____

We Strongly Recommend Permanent Identification with a HomeAgain Microchip:

 □ Yes, I Want My Pet Microchipped **Fee: $75**   □ No, I Decline the Microchip   □ No, My Pet Already Has A Microchip

I am the owner or agent for the animal listed above and have the authority to execute this consent. I hereby consent and authorize Auburn Veterinary Hospital, its Doctors and Staff to perform the following operation(s) or procedure(s) outlined below:

_____

I understand that during the performance of the operation(s) or procedure(s), unforeseen conditions may arise or be revealed that necessitate an extension of the forgoing procedure(s) or operation(s) or different procedure(s) or operation(s) than set forth above. Therefore, I hereby consent to 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 understand that some degree of risk is inherent in the use of drugs, administering anesthesia, or performing these procedure(s) or operation(s), and am willing to accept the associated risks where my pet is concerned. A successful outcome cannot be guaranteed. Except in instances of gross incompetence or neglect, Auburn Veterinary Hospital, its Doctors and Staff, are hereby released from responsibility should the outcome of the procedure(s) or operation(s) not be as anticipated.

By signing below, I agree that I have read this form and have been advised as to the nature of the procedure(s) or operation(s) and of the risk(s) involved. I also understand and agree to the fact that it is the policy of Auburn Veterinary Hospital to receive payment as services are rendered and that payment in full is due at the time of services and prior to the patients' release.

_____   _____   _____
  Signature of Owner/Agent   **Printed Name**   **Date**

_____   _____   _____
    Admitted By   **Printed Name**   **Date**