

# CONSENT FORM

## Sunset View Pet Hospital, PC

627 West Fifth Street | PO Box 565 | Wilton, IA 52778 | 563-732-2118

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

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. We strongly recommend a Pre-anesthetic blood test profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatments. Please check yes or no and sign below.

Injectable pain control helps control pain and keep patients comfortable after procedures. Faster recovery time, shorter hospital stay and fewer surgical complications are all benefits of pain control.

**Please check YES or NO and sign below.**

YES  NO Prep Profile: test for kidney or liver problems, low blood sugar, diabetes, dehydration

YES  NO Injectable Pain Control

YES  NO Vaccinations are current?

YES  NO Need vaccinations today?

YES  NO Would you like your pet microchipped?

Signature of Owner/Agent: \_\_\_\_\_

I, \_\_\_\_\_, the owner or agent of \_\_\_\_\_ hereby understand, consent, and authorize the doctor(s) and staff of the above named veterinary medical hospital to perform the following procedure(s): \_\_\_\_\_

\_\_\_\_\_

The nature of these procedure(s) have been explained to me and no guarantee has been implied or made as to the results or cure. I understand there may be risk involved in the treatment of my pet. I further understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional procedures.

**ALL SERVICES ARE STRICTLY CASH AND MUST BE PAID AT THE TIME OF DISCHARGE.**

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

Emergency/contact telephone number: \_\_\_\_\_