

# CONSENT FORM

Please read carefully and sign

## EAST RIDGE ANIMAL HOSPITAL

60 Dubelbeiss Lane • Rochester, NY 14622 • (585) 467-2120

Owner's Name \_\_\_\_\_

Name of Animal \_\_\_\_\_

*\*Owner must be 18 years or older*

Address \_\_\_\_\_

Species \_\_\_\_\_

\_\_\_\_\_

Breed \_\_\_\_\_

Emergency Phone (s) \_\_\_\_\_

Client Number \_\_\_\_\_

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

\_\_\_\_\_ Initial

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

\_\_\_\_\_

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) or different procedure(s) or operation(s) than those 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. An additional charge will be applied for any additional service requests unrelated to the procedure being performed.

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 procedures or operations and the risk involved. I realize that results cannot be guaranteed.

To eliminate the spread of fleas in the hospital, any animal admitted for treatment that has fleas, will be treated accordingly and the charge applied to the bill.

\*\*\*We strongly recommend that a pre-anesthetic blood profile be performed prior to anesthesia. Although the blood work does not guarantee the absence of complications, the success rate is greatly improved by detecting certain medical conditions that the blood profile can provide.

\*\*\*Pain medication to take home if needed could be up to \$25

Pre-Surgical Level 1 (Mini Panel)  Yes  No \_\_\_\_\_ Initial Additional \$60 Charge  
Pre-Surgical Level 2 (Mini Panel, CBC, Electrolytes)  Yes  No \_\_\_\_\_ Initial Additional \$105 Charge

*\*Pre-Surgical Level 2 is **required** for any patient over 6 years of age*

I have read and understand this authorization and consent.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

We understand it is not recommended to leave personal belongings as they may be misplaced, ripped, or ruined. I chose to leave the following items: \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_