

CONSENT FORM

Please read carefully and sign.

EAST RIDGE ANIMAL HOSPITAL

60 Dubelbeiss Lane • Rochester, New York 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 judgement. An additional charge will be applied for any additional service requests unrelated to 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 \$25.00

Blood Profile Desired Yes No _____ Initial - Additional \$55 Charge

I have read and understand this authorization and consent.

Additional information: _____

Signature of Owner / Agent _____ Date _____

American Veterinary Medical Association