

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. YOU WILL BE GIVEN A PERSONALIZED VERSION REQUIRING YOUR SIGNATURE WHEN YOU BRING YOUR PET IN FOR HIS/HER SURGERY.

I AM THE OWNER OR AGENT FOR THE OWNER OF THE ABOVE-DESCRIBED ANIMAL AND HAVE THE AUTHORITY TO EXECUTE THIS CONSENT. I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF THE FOLLOWING PROCEDURE(S):

I UNDERSTAND THAT DURING THE PERFORMANCE OF THE ABOVE PROCEDURE(S), UNFORESEEN CONDITIONS MAY BE REVEALED THAT NECESSITATE AN EXTENSION OF THOSE PROCEDURE(S) OR EVEN DIFFERENT PROCEDURE(S) THAN THOSE SET FORTH ABOVE, WHICH I HEREBY CONSENT TO AS DEEMED NECESSARY BY THE VETERINARIAN.

I UNDERSTAND THE NATURE OF THE PROCEDURE(S) TO BE PERFORMED AS WELL AS THE RISKS INVOLVED. I UNDERSTAND THAT RESULTS CANNOT BE GUARANTEED. I ALSO AUTHORIZE THE USE OF APPROPRIATE ANESTHETICS AND PAIN MEDICATIONS.

I UNDERSTAND THAT INTRAVENOUS FLUIDS MAY BE ADMINISTERED DURING THE PROCEDURE AND I WILL BE FINANCIALLY RESPONSIBLE FOR THE CHARGES ASSOCIATED WITH THIS SERVICE (APPROXIMATELY \$20.25).

I UNDERSTAND THAT IF I DO NOT PROVIDE CURRENT PROOF OF VACCINES (AND FELV/FIV TEST FOR CATS) FROM A LICENSED VETERINARIAN AT THE TIME I LEAVE MY PET FOR SURGERY, ALL VACCINES REQUIRED BY THE POLICY OF DUTCH FORK ANIMAL HOSPITAL WILL BE ADMINISTERED TO MY PET TODAY AT MY EXPENSE.

PLEASE DO NOT FORGET—IT IS EXTREMELY IMPORTANT THAT YOUR PET DOES NOT HAVE ACCESS TO FOOD OR WATER AFTER EIGHT PM THE NIGHT BEFORE THE SURGERY! (PLEASE CHECK WITH OUR OFFICE IF YOUR PET IS ON ANY MEDICATIONS TO SEE IF THOSE SHOULD BE WITHHELD AS WELL)

WOULD YOU LIKE TO HAVE YOUR PET MICROCHIPPED TODAY?

_____ YES, PLEASE ID MY PET-- E-MAIL ADDRESS _____
(FOR REGISTRATION)

_____ NO, I DECLINE MICROCHIPPING AT THIS TIME