

FERRY FARM ANIMAL CLINIC, Ltd.

CONSENT FORM

OWNER'S NAME: _____

PET'S NAME: _____

NAME OF CONTACT PERSON: _____

PHONE # OF CONTACT PERSON: _____

I am the owner or agent for the owner, of the above animal and have the authority to execute this consent form. I hereby consent and authorize the performance of the following service(s) or medical/surgical procedure(s):

I understand that unforeseen conditions may develop, or be revealed that necessitates an extension or alteration of the procedure(s) or service(s) described above. I also understand that if a different or more extensive procedure is needed, Ferry Farm Animal Clinic will make reasonable attempts to contact me before proceeding. In the event that I am unable to be contacted, or if a situation develops that requires immediate attention, I authorize the attending veterinarian to use his/her professional judgement as deemed necessary in the performance of the above procedure(s) or service(s). I also understand that additional charges will apply if additional treatments are needed.

I have been advised as to the nature of the procedure(s) or service(s) and the risks involved. If this procedure involves the use of general anesthesia, I understand that there may be additional risk involved. I realize and understand that the results or outcome of any medical/surgical procedure cannot be guaranteed.

In the event that fleas or ticks are noted on my pet, I understand that Ferry Farm Animal Clinic will apply appropriate parasite control medication while my pet is hospitalized, and that I will be charged for the medication.

INITIAL _____

We strongly recommend pre-anesthetic blood testing on all patients 7 years of age and older prior to sedation or anesthesia, unless it has been performed in the previous 60 days. While this does not guarantee that there will not be complications from anesthesia, it gives a better opportunity to evaluate your pet's anesthetic risk. This will help evaluate the liver, kidneys, and red blood cells. The cost for this testing is \$39.00. Please initial your preference below:

ACCEPT _____

DECLINE _____

I HAVE READ AND UNDERSTAND THIS TREATMENT CONSENT FORM.

DATE

SIGNATURE