

All Creatures Veterinary Clinic

Standard Consent Form

Owner's Name _____ Date _____

Pet's Name _____ Species _____

I am the owner or agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedures or operations:

There are additional charges for animals that are in heat or pregnant

Spay _____ Continue W/ spay if Pregnant Yes _____ No _____

Dental W/ Possible extractions _____ Wound Management _____

Neuter _____ De-claw _____ Exploratory Surgery _____

Removal of growth/lump/tumor/cyst _____ Tattoo _____

Biopsy _____ Other _____

Blood Work

PAP (\$30.00) _____ FELV/FIV(**Feline Only**) _____ Heartworm Test _____

Other

E-Collar _____ Vaccines _____ Microchip (\$45.00) _____

Has the pet been fasted over night? YES NO

I am aware that there are risks involved in the administration of any anesthesia and with all procedures. If an unforeseen condition or emergency arises during the course of my pet's treatment, I further authorize the doctor to perform any additional procedures, which in their judgment, may be immediately necessary to my pet's life and health. I acknowledge that no guarantee concerning results of these procedures has been made.

YES _____ or DNR _____

"Do Not Resuscitate" In case of an arrest, no cardiopulmonary resuscitation will be preformed.

I can be reached by phone at _____

I UNDERSTAND THAT FULL PAYMENT IS DUE WHEN MY PET IS PICKED UP

Owner's Signature _____ Date _____