



17654 1st Avenue South
Seattle, WA 98148
206-248-3345

CONSENT FORM

Owner _____ Pet _____

Address _____

Phone _____ Species _____

Breed _____ Age _____ Sex _____

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

I understand that during the performance of the 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.

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 procedure(s) or operation(s) and the risks involved. I realize the results can not be guaranteed.

An estimation of costs is available on request. If the veterinarian finds the procedure(s) or operation(s) to be more extensive resulting in additional costs which exceed the higher figure of the estimate, I can be contacted for approval at the number below. If I can not be reached I authorize the veterinarian to do what he deems necessary. I agree to pay said fee by cash, check or credit card at the time services are provided for my animal. Should the account be referred to an attorney for collection, I agree to pay attorney's fees, collection costs, and other costs of litigation.

I have read and understand this authorization and consent.

Signature of Owner/Agent _____ Date _____

Print Name _____

PHONE NUMBER TO BE REACHED AT TODAY:

HOME _____

CELL _____

WORK _____