

FRIENDSHIP SPRINGS VETERINARY CARE

TREATMENT CONSENT

Client Name: _____ Patient: _____ Date: _____

I am the owner or the authorized agent of the owner of this pet, I have the authority to execute this consent, and I am over eighteen years of age. I hereby request, consent to and authorize the performance of the following procedure(s) and all associated ancillary procedure(s) that are deemed necessary and desirable in the professional opinion of the staff of *Friendship Springs Veterinary Care*:

Procedures (to be completed by staff) _____

I understand that during the performance of the foregoing procedures, unforeseen changes in treatment plan, unanticipated conditions may be revealed, or unexpected events may occur that necessitate an extension or modification of the foregoing procedure, additional procedures, or different procedures than those set forth above. I hereby consent to and authorize, the performance of all such procedures, including, but not limited to medical, anesthetic, dental, and surgical procedures, and I request, consent, and agree to pay for all such procedures performed. I understand that, although all due precautions will be taken to ensure the safety of my pet, inherent risks, including injury and death, exist with any type of medical, anesthetic, dental, or a surgical procedure. By signing below I indicate that if I have had concerns, then I have inquired about and been advised to my satisfaction as to other treatment options available for my pet, the nature of the procedures, short and long-term prognosis, the most common risks and complications, recovery care requirements and duration, and any other questions I may have had.

Please answer these questions even if you believe that we already know the answer. Please leave no blanks. Indicate "Not Applicable" with "n/a" if appropriate.

How long has it been since this pet ate last?

If this pet is an unspayed female, when did she last have an estrus (when was the last *heat cycle*)?

Please list any medications or vaccines to which this pet has reactions or allergies, and what kind of reactions these are.

Please list any illnesses, injuries, surgeries, or medications that this pet has had in the last thirty days.

Please list any other serious health or safety issues that this pet has now or has had in the past.

While my pet is having the above procedures performed, I request the following additional services or items. These procedures are not required but can be provided for additional fees.

- _____ Vaccinations (these may be required and performed by Friendship Springs Veterinary Care if minimum requirements for admissions to the facility are not up to date)
- _____ Heartworm Prevention Medication _____ Clip / Comb Mats
- _____ Flea Control Medications _____ Sanitary Shave
- _____ Premium or Prescription Foods _____ Shavedown / Summer Cut
- _____ Nail Trim _____ Other: _____

Telephone numbers at which I may be reached today: _____

If your pet is undergoing anesthesia, surgery, diagnostics, hospitalization, or any other medical procedure, **we strongly recommend that you make yourself available to be contacted at all times!** I have read, understand, and agree to all portions of this agreement.

Signature

Print Name

Date