

FOA – HOPE MILLS ROAD ANIMAL HOSPITAL

Hope Mills Road Animal Hospital

Owner's Name: _____

Animal's Name: _____

Dog _____ Cat _____ Age _____ Sex _____

I am the owner or the 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 procedures or operations:

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures than those set forth above. I hereby consent to and authorize the performance of such procedures as are reasonably necessary and desirable in the exercise of the veterinarian's professional judgment. I also understand that there may be a risk involved in these procedures or operations.

I 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 procedures(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

I have been advised as to the benefits of a pre-anesthetic/surgical Complete Blood Test (CBC), Organ Function and Electrolyte screening tests, EKG scan, Microchip, and Post-surgery pain medication. I elect the following:

IV FLUIDS DURING SURGERY	\$51.05	CHARGE	___	YES	___	DECLINE
CBC ONLY	\$46.00	CHARGE	___	YES	___	DECLINE
MINI ORGAN FUNCTION PANEL ONLY	\$60.50	CHARGE	___	YES	___	DECLINE
FULL CBC & ORGAN FUNCTION PANEL	\$126.00	CHARGE	___	YES	___	DECLINE
EKG STRIP	\$30.25	CHARGE	___	YES	___	DECLINE
ELIZABETHAN COLLAR	\$5.00 - \$15.00	CHARGE	___	YES	___	DECLINE
MICROCHIP	\$54.50	CHARGE	___	YES	___	DECLINE

I have read this authorization and consent form and understand it fully.

OWNER/AGENT SIGNATURE:

_____ **DATE** _____

WITNESS SIGNATURE:

_____ **DATE** _____

CONTACT PHONE NUMBERS FOR TODAY:
