

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 judgment 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 \_\_\_\_\_ OR My pet was last given \_\_\_\_\_ on \_\_\_\_\_  
product date

**We strongly recommend pre-anesthetic blood testing on all ages 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 evaluate the liver, kidneys and red blood cells. **The cost for this testing is \$46.50.** Please initial your preference below:

ACCEPT \_\_\_\_\_ OR DECLINE \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS TREATMENT CONSENT FORM.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE