

**General Procedure Consent Form**

Date \_\_\_\_\_

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

**Does your pet have any known allergies?** \_\_\_\_\_

Procedure being admitted for: \_\_\_\_\_

Your pet is here for a procedure today. We may discover additional conditions about your pet while s/he is here, which can incur additional charges.

***Please indicate how you would like us to handle these situations should they occur:***

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
  - Do the procedure.
  - Do not do the procedure.

**\*Please note: bloodwork may be required for your pet. Please see attached form.**

**By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services.** There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE \_\_\_\_\_

ESTIMATE \_\_\_\_\_