

## Medical Consent Form

Date:

Pet Name:

Owner:

Species:

Address:

Breed:

Phone:

Sex:

As owner of the above animal, I hereby give my consent to the staff and doctors of Animal Medical Services to perform the following procedure(s):

### Procedures to be done:

I understand that during the performance of this/these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the staff and doctors of Animal Medical Services to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal, and I accept full financial responsibility.

**All animals admitted must be current on their vaccinations and must be free of external parasites. any animal found to have fleas or ticks will be treated at the owner's expense.**

### Laboratory Test Waiver

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend that all of these cases be screened prior to anesthesia by means of the following laboratory test:

Pre-anesthetic Blood Screen:     Do Perform                       Do Not Perform

I will follow the recommendation of the doctor in this regard

By my signature below:

1) I agree that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a collection fee equal to 33% of the unpaid balance will be added to my account and I agree to pay that fee.

2) I agree that I will pay reasonable attorney fees and court costs if a judgment is granted against me.

3) I authorize ANIMAL MEDICAL SERVICES and any of its agents to contact me by telephone, at any of the numbers provided including any wireless number for me and/or my spouse, which could result in charges to me. I acknowledge that I may also be contacted by sending text messages, and emails, using any email addresses provided. Furthermore, I also authorize methods of contact which may include using pre-recorded and/or artificial voice messages and/or automatic dialing devices, as applicable.

Signed (owner or agent of the owner):

Date:

Phone number for today: