



Consent to Medical Treatments

Client Name: _____ **Date:** _____
Pet: _____ **Age:** _____ **Sex:** _____ **Wt:** _____
Breed: _____ **Color:** _____
Allergies: _____
Admitting Technician: _____

Has your pet had a meal within the last 8 hours?	Yes	No
Has your pet had any reactions to medications or vaccines?	Yes	No
Does your pet have any history of seizures?	Yes	No
Would you like your pet Micro-Chipped during today's procedure?	Yes	No

*****ALL PETS MUST BE CURRENT ON VACCINATIONS and TESTING*****
(Exam, Distemper, Rabies, Biannual Bordetella, Biannual Fecal and Heartworm Testing)

I authorize St. Francis Pet Care Center to perform the following operations and/or treatments:

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure or different procedures than those listed above. I therefore authorize and request St. Francis Pet Care Center to perform such surgical procedures as are necessary and desirable in the exercise of professional judgment. I have also been informed that there are certain risks and complications associated with any anesthesia, operation or procedure. These risks and complications have been explained to me as well. I further understand that during the course of anesthesia, operations or procedures, that unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand these risks. I authorize St. Francis Pet Care Center to perform upon my pet the diagnostic procedures above and the necessity of these procedures has been explained to me.

In the treatment of my pet, procedures other than those listed above may become necessary. I would like: (Choose One)

- St. Francis Pet Care Center to do what is necessary in their professional judgment.
- St. Francis Pet Care Center to do what is necessary in their judgment, within a financial limit of \$ _____.
- Contact me for permission for additional treatment.

I have been provided a written estimate. Yes No

I acknowledge the above and have authority to make the above decisions about my pet and accept the financial responsibility for services rendered payable by me before my pet is released.

Owner/Agent Signature: _____ **Date:** _____
Phone: _____ **Cell:** _____ **Other:** _____
Text Preferred? _____

Please indicate below where your pet has been injured

LOCATION	DORSAL VIEW		L		R	VENTRAL VIEW
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