

# PROCEDURES CONSENT FORM

To: The Animal Medical Hospital at Glenwood, Inc., Stuart Scheinberg, DVM and Cheryl A. Holmes, DVM. I am the owner of the below named animal or am responsible for it and have authority to execute consent.

I hereby authorize the use of such anesthetics, as you deem advisable for the performance of such surgical or therapeutic procedures as you determine to be indicated.

Any animal found to have fleas or ticks upon entering the hospital would be treated at owner's expense.

I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed.

**I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to on the occasions listed below. I understand that financial payments for said services are due when services are rendered. A 50% deposit will be required for all drop-off visits.**

Owner's Name:	Species:	M	M/N
Animal Name:	Breed:	F	F/S
Date:	Other Animals:		

I authorize the performance of the following procedures \_\_\_\_\_

**Please note:** For pets hospitalized for more than one day the staff will notify you daily of your accrued charges and any additional expected fees for the following day.

IF PET HAS TO UNDERGO ANESTHESIA FOR GROOMING, THERE WILL BE AN ADDITIONAL \$60.00 ANESTHESIA CHARGE. IF PET MUST BE SEDATED FOR GROOMING THERE WILL BE A FEE FOR THE TRANQUILIZER AND REVERSAL AGENT BASED UPON YOUR PET'S WEIGHT.

Please check the following items you would like performed prior to administering anesthesia:

- Perform a pre-surgical blood screen (recommended if less than 7 years old)
- Perform a complete blood chemistry (Required if over 7 yrs old)
- I do not want pre-anesthesia blood testing performed

While my animal is in the hospital today, I would like the following additional services:

- Purchase Frontline
- Purchase Interceptor - provided that there are no missed pills and current with HWT
- Update vaccines
- Implant Microchip

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Emergency #)

If animal is here for surgery - Has your animal been fed this morning?      Yes    No