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### Informed Consent Form for Medical and Surgical Treatment

Owner or Owner's Agent Name: \_\_\_\_\_

Pet's name(s): \_\_\_\_\_ Treatments: \_\_\_\_\_

I give voluntary and informed consent to Hills and Dales Veterinary Clinic for my pet to undergo the aforementioned treatments and services. I am aware that if my animal has any fleas, ticks, or other external or internal parasites, he/she will be treated at my expense. This is to ensure the safety and well-being of all patients at Hills and Dales Veterinary Clinic. The best phone numbers in which I can be reached are:

\_\_\_\_\_.

A veterinary team member will contact you while your pet is in our care. You are always welcome to contact our practice if you have questions or concerns.

In the event you cannot be reached, please list an emergency contact name and number who is authorized to make medical, surgical and financial decisions about your pet's care.

Emergency Contact: \_\_\_\_\_ Emergency Number: ( ) \_\_\_\_\_.

**SURGERY PATIENTS:** For his/her safety, Hills and Dales Veterinary Clinic requires pre-anesthetic bloodwork for a patient prior to sedation or anesthesia. Date of preoperative bloodwork: \_\_\_\_\_.

Hills and Dales Veterinary Clinic requires your pet be fasted prior to anesthesia. No food or medications should be given after 9 pm the previous evening, and no water given after midnight. No food, water or medication may be given the morning of surgery.

Does your pet have a history of seizures? \_\_\_\_ Y \_\_\_\_ N If yes, when and frequency \_\_\_\_\_

Has your pet developed any new health concerns since you last spoke to the veterinarian?

\_\_\_\_ Y \_\_\_\_ N If yes, please explain: \_\_\_\_\_

List any medications your pet is currently taking:

- \_\_\_\_\_ Last given: \_\_\_\_\_
- \_\_\_\_\_ Last given: \_\_\_\_\_
- \_\_\_\_\_ Last given: \_\_\_\_\_
- \_\_\_\_\_ Last given: \_\_\_\_\_
- \_\_\_\_\_ Last given: \_\_\_\_\_

I verify I am the owner (or authorized agent for the owner) of the above named pet and authorize the above treatment(s) to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian. Hills and Dales Veterinary Clinic requires pain management before, during, and after surgery. I consent to the use of these medications, and understand it may be necessary to give my pet post-operative medication at home.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with anesthesia, even in apparently healthy animals, and have discussed any concerns with my veterinarian. I understand that it may be necessary to provide emergency medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications. The attending veterinarian will use reasonable precautions for the well-being of my pet but will not be held liable for conditions beyond his/her control.

I agree to be responsible for any charges incurred while my pet is in the care of Hills and Dales Veterinary Clinic, a treatment care plan has been provided to me, and I understand payment is **due** at the time my pet is discharged from the hospital. I understand that if my pet requires overnight round-the-clock specialty or emergency care, I may be referred to a 24 hour emergency veterinary hospital and my pet will require owner-provided transportation prior to the end of day at Hills and Dales Veterinary Clinic.

**Signature of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_