



Touhy Animal Hospital



CONSENT FORM

Pet's Name _____ Date _____
 Species _____ Owner _____
 Breed _____ Address _____
 Sex _____ Age _____
 Today's Phone Number _____ Evening Phone Number _____

As the owner or agent of the owner of the above animal, I hereby give my consent to *Touhy Animal Hospital* to perform the following procedures:

1. _____
2. _____
3. _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Touhy Animal Hospital to use reasonable care and judgment 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 my pet.

Signature of Owner/Agent

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL & INTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE PARASITES, FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

Laboratory Tests Waiver

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a 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 require that all of these cases be screened prior to anesthesia by means of the following laboratory tests. These tests will be performed (and you will be billed for them) for the safety of your pet undergoing his/her procedure(s).

Initial for Required Test(s):

- | | | |
|-------|---|-------------|
| _____ | A. Pre-Operation Panel Canine | \$ _____.00 |
| _____ | B. Pre-Operation Panel Feline | \$ _____.00 |
| _____ | C. Total Body Function (for patients over 5 years of age, includes Pre-Operation Panel) | \$ _____.00 |
| _____ | D. Viral Test (cats, if not tested within last year or vaccinated) | \$ _____.00 |
| _____ | E. Heartworm Test (dogs, if not currently on preventive) | \$ _____.00 |

Patient has NOT eaten any solid food since 8:00pm last night.

Signature of Owner/Agent

 Receptionist

Additional Services

Please note any additional services that you would like us to perform while your pet is anesthetized:

- | | | | |
|--|----------------|---|----------|
| <input checked="" type="checkbox"/> Express Anal Sac | \$ <u>0.00</u> | <input type="checkbox"/> Clean Teeth | \$ _____ |
| <input checked="" type="checkbox"/> Clean Ears | \$ <u>0.00</u> | <input type="checkbox"/> Microchip | \$ _____ |
| <input checked="" type="checkbox"/> Nail Trim | \$ <u>0.00</u> | <input type="checkbox"/> Remove Growths/Dewclaw | \$ _____ |
| <input type="checkbox"/> Hernia Repair | | | |
| <input type="checkbox"/> Other: _____ | | | |

Signature of Owner/Agent: