

## CONSENT FORM

**To: Hopewell Animal Hospital, Kelly A. Zilli and Daniel L. Baum DVM**

**Owners Name:**

**Pets name:**

**Species:**

**Age/Sex:**

**I am the owner/agent of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or open operations (s).**

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**I understand that during the performance of the foregoing procedures(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures(s) or operations(s) or different procedures(s) or operations(s) than those set forth above. Therefore I hereby consent to and authorize the performance of such procedure(s), or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.**

**I also authorize the use of the appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.**

**I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. It has been recommended that pre-screening lab work be drawn prior to surgery.**

**All pets must be current on vaccinations, with any hospitalized procedures. If you cannot provide us with the proof of those vaccinations, we will vaccinate your pet.**

### PLEASE READ AND CHECK BOX ACCORDINGLY

- 1) I do  do not  authorize lab work prior to surgery/procedure being done today.
- 2) I do  do not  authorize a HomeAgain microchip to be implanted.
- 3) I do  do not  require notification prior to dental extractions (removal of teeth) if deemed warranted by a veterinarian. Extractions are at an additional cost, unless included in an estimate (if provided).
- 4) I do  do not  need a refill on my pet's heartworm preventative.
- 5) I do  do not  need a refill on my pet's flea preventative. If evidence of fleas is seen during your pet's procedure, appropriate flea medication will be applied at an additional cost to the owner.
- 6) I do  do not  need a refill on any other of my pet's medications.
- 7) I do  do not  request an Elizabethan collar (device to prevent licking) following today's procedure.
- 8) I do  do not  request a specific time to pick up my pet.

**I have read and understand this authorization and consent.**

**Date** \_\_\_/\_\_\_/\_\_\_

**Signature** \_\_\_\_\_

**\*\* \* Phone Number you can be reached today \_\_\_\_\_ \*\*\***