

Procedure Consent Form

Date: _____

Owner (Last, First): _____

Address: _____

Phone number to be contacted: _____

Patient Name: _____

Species: **K-9** **Feline** **Other:** _____

Breed: _____

Sex: **M** **NM** **F** **SF**

As the owner or agent of the above patient, I hereby give my consent to The Animal Hospital of Largo to perform the following procedure(s):

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 The Animal Hospital of Largo 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 obligations to all costs incurred regarding my animal. New or newly established clients will require a deposit or full payment before above mentioned procedure(s) are performed.

If medications are to be sent home I would prefer: **Liquid or Tablet**

I would like an estimate for the above mentioned procedure(s) **YES** **NO**

Signature of owner/agent: _____