

Surgical Consent Form

Holy Family Veterinary Hospital
709 N US 1

Fort Pierce, FL 34950

INFORMED CONSENT

For Treatment, Surgery, Boarding and Fees

Owner's Name _____ Date _____

Contact Number _____

Pet's Name _____ Species _____

I am responsible for the above described animal, and have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon _____ (pet.)
I understand that the surgery or treatment contemplated is:

You are to use all reasonable precautions against injury, escape or demise of the animal, but you will not be held liable in any manner whatsoever or any circumstances on account of the care, treatment or safekeeping of the animal described above or otherwise in connection therewith as it is thoroughly understood that I assume all risks.

I understand that if I cannot show evidence of current Veterinary vaccinations for (Dogs- Rabies, DHP-P Booster and Bordetella) and (Cats- Rabies and FVRCP Booster) this may be done upon hospitalization and added to the cost of the above described procedures.

I also understand that conditions not known may make it advisable that other surgery or treatment be done and I authorize such other surgery or treatment when and if they are deemed advisable.

I consent to the administration of such anesthesia as may be deemed proper by the doctor.

I acknowledge that no assurance or guarantee has been made of the results of surgery or treatment and the risks and probabilities of complications exist in any surgical or medical treatment.

I understand that if my female dog or cat is being admitted for an ovariohysterectomy (spay), and at time of surgery is found to be "in heat" or pregnant, there will be additional charges (\$20-\$50) for the procedure. This is due to additional surgery and anesthesia time required to perform the procedure.

All charges including boarding costs shall be paid when the pet is released from the hospital. If the pet is not called for within 10 days after the specified time of release, and the doctor is not notified in writing of an alternate pick up date and arrangements within a 10 day period, the animal will be considered abandoned and may be re-homed or handled as the doctor sees fit. It is understood that you so doing does not relieve me of paying all costs of your services and use of your hospital, including the cost of boarding.

I understand that if my pet is found to have fleas on the day he is admitted to the hospital, that he may be treated for fleas at my expense. This enables us to keep our hospital flea free.

After carefully reading the above I have signed in agreement.

(Signature of Owner or Owner's Agent)