

Pumpkin Hill Veterinary Clinic
585-548-9097

Consent Form

Date _____ Pet Name _____

Owner _____ Phone _____

As the owner or agent of the above animal, I hereby give my consent to Pumpkin Hill Veterinary Clinic to perform the following procedures:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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 Pumpkin Hill Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has 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 the animal.

Any animal admitted with fleas or ticks will be treated at the owner's expense.

Extra Services

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 recommend that all animals be screened prior to anesthesia by means of in house blood work. Please indicate any extra services you would like performed while your pet is with us:

- | | |
|---|------------------|
| <input type="checkbox"/> Full Chemistry Profile with Complete Blood Count | \$117.00 |
| <input type="checkbox"/> Microchipping | \$53.00 |
| <input type="checkbox"/> Post-op Pain Meds To Go Home
(Dog Spay or Neuter) | \$15.00 (approx) |
| <input type="checkbox"/> Histopathology
(Tumor Removal) | \$99.00 |
| <input type="checkbox"/> As the owner or agent of this pet I decline any extra services at this time | |

Signature of owner or agent: _____ Date: _____