



Norwalk Animal Hospital

Consent Form

Owner :	Pet Name:	Procedure:
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Contact Phone Number (s):

I am the owner, or designated representative/agent of the owner, of " Beauford".
I consent to the above listed procedure (s) and authorize Norwalk Animal Hospital to administer anesthetics and/or tranquilizers, including appropriate medications, to my pet. I understand there are potential risks when using anesthetics and/or performing surgery and that no results can be guaranteed. In the event of an adverse reaction, I authorize the veterinarian to do what, in his judgement, is in the best interest of my pet.

Initial _____

Advanced Diagnostics

- Yes No **Add Ultrasound (screening)** Yes No **Add an Electrocardiogram**
- Yes No **Add Chest Radiograph (lateral view)**
- Yes No **Microchip my pet to aid in pet identification**

For Dental Patients Only

Evaluations under anesthesia may reveal hidden disease and therefore problems may arise that were not initially identified at the time of the office examination. Please indicate which of the following statements **most closely** matches your wishes:

- Do no further work beyond the basic cleaning and polishing.
- Do only those procedures that will arrest infection or pain on a short term basis. This may include, for example, extraction of one or more teeth. Future work may be needed.*
- Do any and all procedures that will promote good oral health now and in the future.*

** Additional charges will apply for any procedures beyond the basic cleaning and polishing.*

- Call before any additional work is completed. Additional anesthesia time is required for any time delay needed for additional estimates or consultations. If we cannot reach you at the provided phone number please choose one of the above options also.

I understand that a rough estimate of the fees for the above care will be provided to me on request and may vary significantly depending on the need for additional work being performed. I am encouraged to discuss all fees related to such care before services are rendered. I certify that I am 18 years of age or over and agree to assume financial responsibility for the service fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

Signature of Owner/Agent: _____ Date: _____