



## Norwalk Animal Hospital Consent Form

**Owner:**

**Pet Name:**

**Procedure:**

Contact Phone Number(s):

\_\_\_\_\_, \_\_\_\_\_  
**Please be aware that these contact numbers are to contact you during procedures in the event of a complication or problem, please give a number that you will be available to answer.**

I am the owner, or designated representative/agent of the owner, of the above mentioned pet.

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 is in the best interest of my pet.

### Advanced Diagnostics

We routinely run pre anesthetic bloodwork to check your pets health prior to anesthesia, the following would be in addition to that bloodwork and additional charges would apply.

Add Ultrasound (screening)

Add an Electrocardiogram

Add Chest Radiograph (lateral view)

Add Microchip my pet to aid in pet identification

### Current Medications and Recent Medications

Please list all medications (current and recent) and whether they were given today, or will be given later today.


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: \_\_\_\_\_