

Family Veterinary Center

Drs. Karlin & Allen

I, the undersigned, understand that I assume financial responsibility for all services and that payment is due on the date of service or departure, whichever comes first.

Owner: _____ Phone _____

Pet: _____ Age _____ Sex _____ Weight _____

As the owner of the above animal, I hereby give permission to perform the following procedure(s):

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitates an extension or variance in the procedure(s) set forth above. I expect that the doctor will use reasonable care and judgement in performing these procedure(s). The nature of the procedure has been explained to me and I realize that the results cannot be guaranteed. I also understand that any unforeseen events resulting from the procedure(s) will not relieve me from any obligation to costs incurred regarding my pet. I understand that all animals admitted for hospitalization or surgery must be current with their rabies vaccination and be free of external parasites. Any animal found to have external parasites will be treated at my expense. Lastly, I have been made aware that there is no overnight monitoring at this hospital, should this be required of my pet and do have the choice to move him/her to a 24 hour facility.

If your pet is to be anesthetized or sedated, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe and with a low rate of complications. Nevertheless, occasional problems could be pre-existing and not evident upon physical examination alone. This is especially common in senior pets. To help us better understand your pet's needs, we offer the following:

_____ CBC, Profile & Chemistry

_____ Liver & Kidney Screen

*ANY pet over the age of 5 is automatically screened

_____ I decline blood work and understand this risk

Signed _____ Date _____

Employee _____ Date _____