



3560 Tamiami Trail, North, Naples, FL 34103  
(239) 262-3633



## CONSENT FORM

<b>OWNER'S NAME:</b>
_____
<b>ADDRESS::</b>
_____
_____
<b>PHONE:</b>
_____

<b>PET'S NAME:</b>
_____
<b>SPECIES:</b>
_____
<b>BREED:</b> _____   <b>AGE:</b> _____
<b>SEX:</b> _____   <b>COLOR:</b> _____

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different performance of such procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I will be financially responsible for any and all procedure(s) or operation(s) performed on the above-described animal. I realize that full payment for services rendered must be made before the above-described animal will be released.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved, I realize that results cannot be guaranteed.

A UNDERSTAND THAT FLORIDA LAW REQUIRES THAT ANY RADIOGRAPHS (X-RAYS) OF MY PET REMAIN AS PART OF THEIR MEDICAL RECORDS AND AS SUCH CANNOT BE RELEASED TO ME.

I have read and understand this authorization and consent.

Additional information or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS TO ABOVE SIGNATURE