

**Norfolk County Veterinary Service
Consent for Treatment-Hospitalization-Surgery**

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over 18 years of age, and thereby consent to the examination of my pet by staff veterinarians at Norfolk County Veterinary Service and hereby consent and authorize the performance of the following procedures or operations.

I understand that during the performance of the foregoing procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, antibiotics, and other medications, including post-surgical pain medication. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that some surgical procedures will require placement of an intravenous catheter and fluid administration.

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns that I have about those risks with my attending veterinarian before the procedure is initiated. I realize that results cannot be guaranteed.

I realize that payment for services is due upon discharge from the hospital. I have read and understand this authorization and consent.

I elect to have pre-anesthetic blood work performed (additional \$105.00). This gives us vital information about the status of your pet's liver and kidney function. By knowing these values, we are better able to identify any potential anesthetic complications and reduce the overall anesthetic risk to your pet.

Please circle one: YES / NO

I would like to have my pet microchipped (additional \$75.00). A microchip increases the chance your pet will be reunited with you if they are lost. You will need to register your information with the microchip company.

Please circle one: YES / NO

Signature of Owner or Agent

Date

Contact Phone Number(s)