

# Medford Animal Hospital and Wellness Clinic

45 Jackson Road, Medford, NJ 08055 (609) 654-6855

## Surgical / Anesthesia / Procedure Consent Form

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby authorize the performance of the following medical or surgical procedures:

\_\_\_\_\_  
\_\_\_\_\_

Anesthesia is associated with some risk. Factors such as age and illness can increase that risk. To minimize anesthetic risk, we require all pets to have a physical exam within a few weeks of a procedure. Some conditions may not, however be evident on a physical exam. To better ensure your pet's safety, we may recommend pre-operative blood work, if your pet is 7 years or older, or if the doctor deems necessary.

This veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on the premises

**ADMITTING POLICY:** In order to prevent the spread of contagious diseases, all patients admitted to our hospital must be current on vaccines and free of internal (worms) and external parasites (fleas & ticks). If your pet does not meet our admission requirements, he/she will be immunized and/or treated as necessary and a fee will be charged for the additional services not included in this fee estimate.

The nature of such services has been described to me to my satisfaction. I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that there is a risk when anesthesia is given to a pet. **I understand that I assume all financial responsibility for services rendered, and that full payment is due when the animal is released.**

Please list at least two of the best numbers to reach you while your pet is in our care: (Please put in the order to be called)

1) \_\_\_\_\_

2) \_\_\_\_\_

**OUR ESTIMATE FOR SERVICES IS BETWEEN \_\_\_\_\_ AND \_\_\_\_\_**

**I have read and fully understand all the above terms regarding my pet.**

Signature of owner or agent: \_\_\_\_\_



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**AGREEMENT:** I give permission to Medford Animal Hospital to perform diagnostic, surgical and medical treatment as deemed advisable. It is understood that procedures of diagnosis, surgery and medical treatment will be discussed with me before proceeding, except in emergency circumstances. In many cases it is impossible to determine in advance the extent of surgical and/or medical treatment required, and I understand that the actual cost may exceed or be lower than the estimate given. I agree to make prompt and complete payment upon discharge of the above animal.

Please note that this estimate is for today's procedure only and **DOES NOT** include any follow-up care (rechecks, x-rays, blood work, bandage/splint changes, wound care, or procedures such as pin or implant removals).

**DENTISTRY POLICY (IF APPLICABLE):** I agree to the extraction of any teeth deemed to be no longer functioning and/or harmful to my pet by the operating veterinarian.

**PAYMENT TERMS:** Payment is required when services are rendered. We accept Visa, Mastercard, Discover, Care Credit Cards, Checks, Money Orders or Cash.

PLEASE BE ADVISED THAT THIS FORM REPRESENTS AN ESTIMATE OF COSTS. THE ACTUAL AND FINAL BILL MAY BE LOWER OR HIGHER THAN THIS ESTIMATE. WE WILL MAKE EVERY ATTEMPT TO INFORM YOU AS WE APPROACH THE UPPER LIMIT OF THE ESTIMATE OR EXCEED IT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

