

# Client Consent Form

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone numbers where I can be reached in the next 48 hour period: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

I am the owner or the authorized agent for the owner of the animal described above, I certify that I am over eighteen years of age and have the authority to execute this consent.

I hereby give Dr. Dew, Azzore Veterinary Specialists, and any authorized agents, staff, or representatives consent and authority to perform the following procedures or operations:

\_\_\_\_\_

The nature of these operations & procedures has been fully explained to me, and I understand what will be done, the risks to my pet, the most likely outcome, the short/long term prognosis as well as the estimated fees. I assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I understand that risks always exist with anesthesia and/or surgery. These risks include bleeding, infection, bone fracture, implant failure and others which can result in injury to the animal up to and including death in rare cases. I realize that results cannot be guaranteed. I have been encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for such care. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I fully accept these risks in an effort to improve my pets quality of life.

I recognize that the long term outcome and potential for complications will be greatly influenced by the nursing care, exercise restrictions and physical therapy I am responsible for at home. I accept the responsibility of asking the staff of Azzore questions if I do not fully understand these responsibilities.

I understand that the estimate provided covers costs for the procedure and x-rays taken immediately post-op. Future treatment which could include bandage changes, x-rays (if applicable), anesthesia or hardware removal will be billed at the time services are provided.

I certify that if I am signing as an agent, I have the authority to execute this consent.

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

Name: \_\_\_\_\_  
(Please Print)