

BAKER VETERINARY CLINIC
1801 S. Congress Ave., West Palm Beach, FL 33406
561-642-9972

STANDARD CONSENT FORM

Date _____ Owner/Agent Name _____

Pet's Name _____ Sex _____ Age _____ Species _____

Breed _____ **My pet last drank/ate at** _____

Contact Number(s) where owner/agent can be reached today:

Telephone _____ **Cell Phone** _____ **Pager** _____

I am the owner or agent 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 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 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 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.

The nature of the procedure(s) or operation(s) has been explained to me and no guarantee or warranty has been made as to the results or cure. I understand that there may be some risk involved in this procedure.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications of unforeseen circumstances.

In the event my animal is abandoned at Baker Veterinary Clinic, I hereby authorize Dr. Baker or the staff to humanely dispose of such pet if it has not been picked up within seven calendar days after notice by registered or certified mail has been sent to me at the address the hospital shows as my last current address.

Any treatments, surgery, x-rays, laboratory procedures, etc., related or non-related which are rendered after release from the hospital are not included in the fees charged upon release and will be paid for when such procedures are performed

Signature:

Owner/Agent

Signature:

Witness

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Please be aware that the practice of veterinary medicine is not an exact science, and therefore, reputable practitioners cannot guarantee perfect results. The recuperation period depends on the pet's own healing process and cannot be predicted.