

Spencer Animal Hospital, Inc.

7022 Spencer Highway
Pasadena, Texas 77505
281-476-0066



CONSENT FORM

OWNER'S NAME _____

PET'S NAME _____

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

I do hereby consent and authorize SPENCER ANIMAL HOSPITAL, INC. its staff and their assistants to administer vaccinations, medications, tests, surgical procedures, and/or treatments as listed below and as the Doctors deem necessary for the health, safety, or well being of the above animal while it is under their care and supervision.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

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 would like a Blood Profile prior to anesthesia (additional charge of \$66.00) ____ Yes or No ____.

I would like a Dental Prophylaxis (teeth cleaning) while under anesthesia (additional charge of \$49) plus \$24.00 extended anesthesia) ____ Yes or No ____.

If Yes to above question, Dental Prophylaxis (teeth cleaning), I authorize the application of Ora Vet Barrier Sealant treatment and dispensing Ora Vet Plaque Prevention gel. (additional charge of \$15.00 and \$26) ____ Yes or No ____ .

If Yes to Dental Prophylaxis(teeth cleaning), I authorize extraction of any tooth as deemed necessary by the veterinarian (additional charge) ____ Yes or No ____.

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

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.

I have read and understand this authorization and consent.

_____ Date

_____ Signature

Phone number I can be reached at today _____