

Little Mountain Veterinary Clinic

CONSENT FORM FOR SURGERY, TREATMENT, SEDATION

By my signature, I _____ authorize the following procedures

to be done on my pet _____.

Please check all that apply.

My pet is **OVER 7 YEARS OLD** or **HERE ON AN EMERGENCY BASIS**. I understand that this means Diagnostic Bloodwork must be performed.

My pet is **UNDER 7 YEARS OLD**. I understand that a Basic Bloodwork Profile is highly recommended.

DECLINE Basic Bloodwork Profile.

We offer **PAIN MEDICATION** to help alleviate the post-operative discomfort.

DECLINE pain medication.

While your pet is anesthetized, you may want to consider **DENTAL CLEANING, DECLAWING, DEWCLAW REMOVAL, MICROCHIP, and GROOMING**. If declawing, I state that my cat is a 100% indoor cat.

I understand that if my pet is in heat, pregnant, or obese, there will be an additional charge plus the cost of antibiotics and/or pain medication. I understand and accept that there is inherent risk involved in any procedure performed. I know that Little Mountain Veterinary Clinic will do everything possible to ensure my pet's safety and well-being. I also understand that if my pet has fleas or ticks, he/she will be treated at my expense. I release Little Mountain Veterinary Clinic from any and all liability. My signature confirms this and that I will accept full financial responsibility for the procedures performed on the pet listed above. **All charges must be paid in full at the time of release and a deposit may be required for surgical or inpatient treatment.**

Owner/Agent

Today's Contact Phone Number

Pet Name

Date

Witness