** NEIGHBORHOOD PET HOSPITAL**

 **ANESTHESIA/DENTISTRY CONSENT FORM**

**PET’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHEN WAS THE LAST TIME YOUR PET HAD FOOD OR WATER? \_\_\_\_\_\_\_\_\_\_\_\_ PET’S AGE\_\_\_\_\_\_\_\_**

**WOULD YOU LIKE A MICROCHIP IMPLANTED WHILE YOUR PET IS HERE TODAY?**

 **\_\_\_\_\_ YES \_\_\_\_\_ NO**

I, the undersigning owner/agent of the above patient, authorize The neighborhood pet Hospital staff to perform procedures medically indicated. I further understand that no guarantee of successful treatment is made. I, the owner/agent assume full financial responsibility for all charges incurred for this patient, including necessary intra- or post- operative complications. **I agree to pay for all expenses incurred by this patient at the time of release by The Neighborhood pet Hospital, including reasonable attorney’s fees expended in the collection or enforcement of any of the terms of this contract, including payment for services and good herein.**

Extent of dental services desired (PLEASE CHECK ONE)

\_\_\_\_ If during the procedure, any unforeseen dental procedures become necessary and desirable in the veterinarian’s professional judgement, I authorize you to proceed with such procedures, including extraction of teeth. **I understand additional treatment may incur increased expense.**

**\_\_\_\_** I prefer to be called before any additional procedures, other than emergencies, are performed. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.

\_\_\_\_ If I cannot be reached by phone, I do NOT authorize any unforeseen dental procedures.

I authorize anesthesia and surgery/dentistry for my pet, as described above, I understand that some risks always exist with anesthesia and/or surgery. I authorize The Neighborhood Pet Hospital to perform and diagnostic, treatment or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While The neighborhood pet hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I fully understand these risks and that the veterinarians and hospital staff will try to minimize such risks. I will not hold The neighborhood Pet Hospital, the veterinarians or any staff member liable for any complications that may arise. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

My signature on this consent form indicates my agreement.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**