



# HIALEAH ANIMAL CLINIC

## GENERAL CONSENT

OWNER's Name: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

NAME OF PET \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ ACC \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ SPAY/ NEUTER? \_\_\_\_\_

I authorize **HIALEAH ANIMAL CLINIC**, TO PERFORM THE TREATMENT PROCEDURE OR OPERATION DESCRIBED BELOW. I HAVE BEEN INFORMED OF THE REASONS FOR THE TREATMENT PROCEDURE(S), ALONG WITH THE EXPECTED BENEFITS AND RISKS INVOLVED. PLEASE SELECT SERVICE YOUR PET NEED

### **REGULAR BATH**

**SMALL** (< 15Lbs) \_\_\_\_\_

**MEDIUM** (16-30Lbs) \_\_\_\_\_

**LARGE** (35-50Lbs) \_\_\_\_\_

**X-LARGE** (51 >Lbs) \_\_\_\_\_

**DIP:** \_\_\_\_\_  
(FLEAS & TICKS TREATMENT)

**MEDICATED BATH** \_\_\_\_\_

**VACCINES** \_\_\_\_\_

**FECAL TEST** \_\_\_\_\_

SEDATION / ANESTHESIA \_\_\_\_\_

X-RAY \_\_\_\_\_ CBC \_\_\_\_\_ CHEM \_\_\_\_\_ EKG \_\_\_\_\_

VOMITING \_\_\_\_\_ OTHER \_\_\_\_\_

DIARRHEA \_\_\_\_\_ COUGHING \_\_\_\_\_ SNEEZING \_\_\_\_\_ EATING DISORDER \_\_\_\_\_

I UNDERSTAND THAT UNFORESEEN CONDITIONS MAY REQUIRE AN EXTENSION OF A PLANNED PROCEDURE OR OPERATION. I HEREBY AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES OR OPERATIONS AS ARE NECESSARY AND ADVISABLE IN THE PROFESSIONAL JUDGEMENT OF THE VETERINARIAN. THERE IS NO MEDICAL STAF AFTER OFFICE HOURS.

I UNDERTAND THAT I ASSUME ALL RISKS, I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL AND ALSO THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE.

OWNER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_