CORAL GABLES ANIMAL HOSPITAL
4569 Ponce De Leon Blvd. Coral Gables, FL 33146

BRAD RICHTER, DVM ANNETTE R. THOMAS, VMD ANA CEPERO, DVM

Surgical/Anesthesia Consent Form-

Today's Date:_____ Dr. Preference:_____

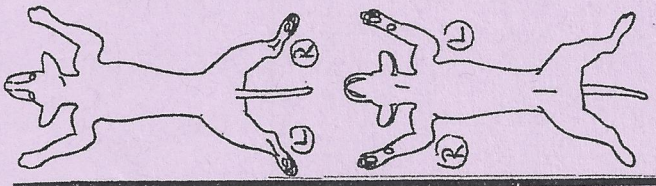
Owner's Name:_____ Pet's Name:_____

**********PLEASE LEAVE A PHONE NUMBER WHERE YOU MAY BE REACHED TODAY**********

Primary Number:_____ Secondary Number:_____

☐ Spay ☐ Neuter ☐ Declaw ☐ Dental ☐ HomeAgain™ Microchip ☐ X-Rays

Please mark on diagram where any masses/ lumps etc. that need to be removed



☐ _____

_____

_____

IMPORTANT, please read carefully before signing!

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above. I do hereby give Coral Gables Animal Hospital, their agents, employees, and representatives, full and complete authority to perform the medical and/or surgical procedure and associated anesthesia stated above. I do hereby release Coral Gables Animal Hospital, their agents, employees, and representatives from any and all liability for so performing the procedure described above.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this estimated amount.

I understand that my pet must be current on all vaccinations or they will be given at my expense. I also understand that my pet must be free of internal and external parasites or such treatment will be done at my expense.

_____ _____

Signature *Date*

_____

Witness