



WESTFIELD ANIMAL HOSPITAL

{CLINICNAME}
{STAFFFULLNAME}
{CLINICADDRESS1} {CLINICADDRESS2}
{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}

Procedure and Surgery Consent

{CURRENTDATE[SHORT]}

Client Name:	{FULLNAME}	Patient:	{NAME}
Address:	{ADDRESS1} {ADDRESS2}	Species:	{SPECIES}
	{CITY}, {STATE}	Breed:	{BREED}
	{POSTALCODE}	Sex:	{SEX}
Phone Number:	{PHONENUMBER}	Color:	{COLOR}

I am the owner of the above animal or am an authorized agent for the animal with authority to execute consent.

I hereby give Dr. Larochelle of Westfield Animal Clinic and the facility's authorized staff or agents consent and authority to perform the following surgeries or procedures: {ENTERPROCEDURES}

The nature of all surgeries listed above and the risks and potential complications involved have been explained to me. I understand what will be done and understand that if complications do arise the performance of additional surgeries or procedures may be necessary. I have also been informed of alternative options.

I authorize the use of appropriate anesthesia and pain medications as needed before, during and after the surgeries. I have been informed that there are certain risks and complications associated with the use of any medication.

I hereby acknowledge I have been given an estimate of all charges and accept financial responsibility for the care of this animal. I also understand that all charges will be paid at the time of release and that a deposit may be required.

I hereby acknowledge that I will be given discharge instructions and that post-operative complications may arise if those instructions are not followed. If I fail to comply with recommended discharge instructions, I am solely responsible for any expenses that may arise and will not hold Dr. Larochelle or Westfield Animal Hospital responsible for my lack of compliance with their instructions.

I have read and understand this consent.

Phone number(s) at which owner can be reached today or tomorrow:
{WHATNUMBERCANTHEOWNERBEREACHEDATTODAY}

Signature of Owner: _____ Date: _____