



DEERFIELD • ANIMAL • HOSPITAL

Jennifer Halberg, D.V.M. Peter M. Hey, D.V.M. Jenni Borghese, D.V.M. Anne M. Faseler, D.V.M. Jana Grant, D.V.M. Kathryn Schade, D.V.M.

STANDARD CONSENT FOR ELECTIVE PROCEDURES

Owner's Name _____ Pet's Name _____

Date _____ Breed _____ Sex _____ Color _____ Age _____

PHONE # WHERE YOU CAN BE REACHED TODAY _____

I am the owner of the above named animal or am responsible for it and have authority to execute this consent. I authorize the performance of the following procedure(s): _____

I authorize the use of such anesthetics, as you deem advisable in the performance of surgical, diagnostic or therapeutic procedures. I realize that the administration of any anesthetic agent carries a small but realistic possibility of side effects, which may include death.

I recognize the nature of the surgical procedure(s) being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Advances in anesthesia have made routine procedures relatively safe, with low rates of complications. However, occasional problems can occur due to pre-existing conditions regardless of age not evident during routine histories and physical examinations. To minimize problems, we recommend that your pet be screened prior to surgery by means of diagnostic procedures described below.

I do or do not authorize the performance of pre-anesthetic blood profile.

I realize that I agree to hold Deerfield Animal Hospital harmless, in the absence of negligence, in the event of anesthetic complications that might have been detected had these tests been performed.

ELECTIVE PROCEDURES THAT MAY BE DONE AT THE SAME TIME AT REDUCED COST:

	Perform	Decline
Microchip for identification	<input type="checkbox"/>	<input type="checkbox"/>
Teeth Cleaning if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Express anal glands	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

I agree to indemnify and hold Deerfield Animal Hospital and its doctors and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

CLIENT SIGNATURE _____ **DATE** _____