



Surgical / Medical / Drop-Off Consent Form

Patient _____ **Date** _____

Procedure _____

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above listed procedure(s) or operation(s). I authorize the use of appropriate anesthetics and/or other medications deemed necessary to complete the listed procedure(s).

I also understand the nature of the procedure(s) or operation(s) and understand that risk may be involved if sedation or anesthesia is employed. I also realize that results cannot be guaranteed.

Requirements for pets staying at Kindness Small Animal Hospital:

1. All animals must be **current on vaccines** according to Kindness Small Animal Hospital protocols. (RV/DHPP/Bordetella)
2. All animals must have records of a negative fecal exam within the last 12 months.
3. All animals must be free of external and internal parasites or they will be treated at owner's expense.

This is signed with an understanding that if a medical condition arises, the doctors of Kindness Small Animal Hospital will make an attempt to contact you at the number(s) listed below. If they are unable to reach you, this is serving as a contract to administer the treatment(s) deemed necessary for the medical condition for which you are financially responsible. **If personal belongings are left, Kindness Small Animal Hospital cannot accept responsibility if lost or damaged.**

I have read the boarding requirements and understand the hospital policies.

I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient and that payment may be made by cash, check, Visa, Master Card, Discover, American Express or Care Credit. **I understand that Kindness Small Animal Hospital does not have a payment plan, extended credit plan, or billing policy.**

I have read and agree to the above.

Signed _____ **Emergency Number** _____