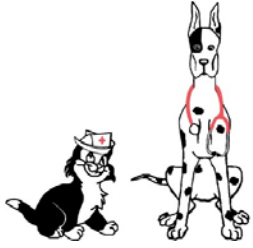

ANIMAL MEDICAL CLINIC

200 Sheldon Road
Manchester, CT 06042
www.AnimalMedicalClinicCT.com

SURGICAL CONSENT

OWNER'S NAME: ____

ADDRESS: ____

CITY: ______________________ HOME PHONE: ______________ WORK PHONE: ___________________

SPECIES: __________________________________ BREED: _______________________________________

AGE: _____________________________________ NAME: ____

I, BEING RESPONSIBLE FOR THE ABOVE ANIMAL/ANIMALS, HAVE THE AUTHORITY TO GRANT THE AMC MY CONSENT TO RECEIVE, PRESCRIBE FOR, TREAT, AND/OR OPERATE UPON MY PET. I UNDERSTAND THAT QUOTED FEES ARE ESTIMATES. INDIVIDUAL SURGICAL PROCEDURES MAY REQUIRE MORE TIME AND/OR SURGICAL MATERIALS AT ADDITIONAL COSTS. I UNDERSTAND THE SURGERY OR TREATMENT IS:

SPAY ___________ NEUTER ___________ DECLAW ___________ DENTAL ___________

XRAY ___________ TUMOR REMOVAL ___________ VACCINATE ____________ OTHER ___________

ALL REASONABLE PRECAUTIONS WILL BE TAKEN AGAINST INJURY, ESCAPE, OR DEATH OF HOSPITALIZED PATIENTS. THE AMC WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER IN CONNECTION THEREWITH AS IT IS THOROUGHLY UNDERSTOOD THAT I ASSUME ALL RISKS. I ALSO UNDERSTAND THAT THE AMC IS NOT STAFFED 24 HOURS A DAY AND AFTER HOURS TREATMENT OF PATIENTS IS AT THE DISCRETION OF THE VETERINARIAN.

*****ALL CHARGES SHALL BE PAID IN FULL UPON RELEASE FROM THE HOSPITAL*****
WE ACCEPT CHECK, VISA, MASTER CARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT.
AFTER READING THE ABOVE, I HAVE SIGNED IN AGREEMENT.

OWNER OR RESPONSIBLE PARTY ________________________________ DATE: ____________________

THE DOCTORS AT ANIMAL MEDICAL CLINIC ADVISE PREANESTHETIC BLOODWORK FOR ALL ANIMALS OVER 7 YEARS OF AGE. THE COST FOR THIS RANGES FROM $38.00 - $89.00

I DECLINE PREANESTHETIC BLOODWORK ____

I ACCEPT PREANESTHETIC BLOODWORK ____