**Foxboro Animal Hospital**

**Standard Consent Form**

**Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am the owner, or agent of the owner, of the above described animal and have the authority to execute this consent.

I hereby consent that during the performance of the foregoing procedure(s), or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or operation(s), or different procedure(s), or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian’s professional judgement. I also understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. Every effort will be utilized to contact the owner in case of any unforeseen circumstances.

IF ANESTHESIA IS REQUIRED, we will perform a physical examination to make sure no new problems have appeared. In addition we recommend a pre-anesthetic blood screen to detect anemia, dehydration, diabetes, kidney or liver problems. The cost of the pre-anesthetic screen will be $62.00. You will be contacted if any abnormalities are found.

\_\_\_\_\_ I request the pre-anesthetic blood test.

\_\_\_\_\_ You have my permission to proceed without the tests.

\_\_\_\_\_ Tests are required on animals 5 years and older.

**Note:** This hospital provides care for its inpatients during normal business hours. However we cannot provide all night care to inpatients without a drastic increase in hospital rates. Emergency care to unstabilized animals is provided by transporting animals to Tufts Emergency in Walpole, MA by arrangement and additional cost.

**A $150.00 deposit is required for all hospitalized patients.**

I have read and understand this authorization and consent.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of owner or agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**