

Carroll Small Animal Clinic

Informed Consent

Client Name: _____ Patient Name: _____

Breed: _____ Sex: Male Male/Neutered Female Female/Spayed

If the clinic may have questions about your pet, what is the best number to reach you at?
(_____) _____

How do you prefer to be notified: Phone Call? Text Message?

Email to _____@_____.com

As the owner or agent of the owner of the above animal, I hereby give my consent to Dr. Whited and Carroll Small Animal Clinic Staff to perform the following procedure(s):

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

All animals admitted must be current on their vaccinations and must be free of external/intestinal parasites. Any animal found to have fleas, ticks, and/or intestinal parasites, will be treated at the owner's expense.

I understand that during the performance of this procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance of the procedure(s) set forth above. I expect Dr. Whited and Carroll Small Animal Clinic Staff to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

By signing this form, I, the owner/agent, am confirming that I have read and fully understand this professional service consent form. I also understand that I assume financial responsibility for all services rendered, and that payment is due upon release of the animal in form of cash, debit card, and/or credit card. Thank you for your confidence in us.

Signature of Owner/Agent

Today's Date