

**Brook-Falls Veterinary Hospital & Exotic Care**  
**CONSENT FORM MEDICAL & SURGICAL SERVICES**

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby give the doctors of Brook-Falls Veterinary Hospital & Exotic Care Inc., and any authorized agents, staff, or representatives consent to perform the following procedures or operations:

\_\_\_\_\_  
\_\_\_\_\_

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

**I received a treatment plan for today's procedure within the range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_.**

This is an estimate only. Actual charges may vary by 15%. If the total charges exceed the estimate by more than 15%, we will consult you before administering further treatment. If you have any questions about this estimate, please discuss with your veterinarian before treatment is provided.

Name to call with update: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

I prefer a: text \_\_\_ phone call \_\_\_ to receive updates today on my pet.

If my pet requires hospitalization after his/her procedure, I understand that veterinary care during night-time hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel will not be provided during these hours. If further hospitalization is required, I elect to (please initial one):

1. Leave my pet at Brook-Falls Veterinary Hospital where the veterinarian will check up on my pet as needed during the night. \_\_\_\_\_
2. Pick up my pet and provide care in my home, in which case I accept the risks involved. \_\_\_\_\_
3. Have my pet transferred to a local emergency clinic where overnight veterinary supervision is available at my expense. \_\_\_\_\_

## CONSENT FORM MEDICAL & SURGICAL SERVICES PAGE 2

### Additional Questions

1. Do you wish to have your pet receive a Home Again Microchip? YES NO Already Has

Would you like to receive dental home care products? YES NO Already Has

2. Has your pet eaten anything at all in the last 12 hours? YES NO

Has your pet been given any medications, supplements,  
or treatments during the past 7 days? YES NO

**If the answer to question #4 above is yes, please list all such medications or treatments :**

---

---

3. Do you anticipate your pet licking at the surgical incision? YES NO

4. If so, would you prefer to purchase a hard plastic head cone for  
\$ 5-14 or a soft medical pet T-shirt for \$33-40? Cone \_\_\_ T-shirt\_\_\_

5. Has your pet ever had a past anesthetic event that you thought  
went poorly? YES NO N/A

6. Do you have any questions for the Doctor this morning? YES NO

7. Do you need any medications refills today? YES NO