

Treatment and/or Surgical Consent Form

Adobe Animal Hospital
7712 E. Indian School Rd.
Scottsdale, AZ 85251
(480) 990-9561

Date _____

Owner's Name _____

Patient's Name _____

Breed _____

Age _____ DOB: _____

- I am the owner (or authorized agent for the owner) of the above described animal and have the authority to execute this consent.
- I hereby give consent and authorize the performance of the following procedure(s) or operation(s):

- I understand 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 difference 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 judgment.
- I am aware the personnel is not on premise 24 hours.
- I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved. I realize that results cannot be guaranteed.
- I have read and understand this authorization and consent.

Last time pet ate _____

Current medications: _____

Client Phone Number _____

Available pickup time _____

Owner/Agent Signature _____

**** We offer a complimentary nail trim for anesthetic procedures if you DO NOT want us to trim your pet's nails please inform us. ****