

V.E.T. CARE HOSPITAL AND PET RESORT
6901 GRANBURY ROAD FORT WORTH TX 76133
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INFORMED CONSENT
(FOR TREATMENT, SURGERY AND FEES)

NAME _____ DATE _____
PHONE (FOR EMERGENCY CONTACT) _____
PET'S NAME _____ BREED _____
AGE _____ SEX _____ WEIGHT _____ COLOR _____

I, BEING RESPONSIBLE FOR THE ABOVE ANIMAL, HAVE THE AUTHORITY TO GRANT V.E.T. CARE HOSPITAL AND PET RESORT MY CONSENT TO RECEIVE, TREAT AND/OR OPERATE ON _____ (PET). I UNDERSTAND THE TREATMENT OR SURGERY CONTEMPLATED IS _____.

I UNDERSTAND THAT BEFORE ANY ANESTHESIA OR SURGERY, IT IS SOUND MEDICAL PROCEDURE TO PERFORM A COMPLETE BLOOD COUNT/CHEMISTRY ON THE ANIMAL FOR THE PURPOSE OF DISCOVERING SUBCLINICAL INFECTION, INFLAMMATORY PROCESSES, ANEMIA OR BLOOD CLOTTING DISORDERS. THEREFORE ANY PATIENT THAT IS TO UNDERGO ANESTHESIA WILL HAVE PRE-ANESTHETIC BLOOD WORK COMPLETED UNLESS COMPARABLE BLOODWORK CAN BE VERIFIED WITHIN THE LAST 90 DAYS.

IN ORDER TO MINIMIZE PAIN AND DISCOMFORT THAT MAY ARISE AFTER A PROCEDURE, THE SURGEON IN CHARGE WILL PRESCRIBE APPROPRIATE PAIN MEDICATION.

V.E.T. CARE WILL USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE OR DEMISE OF THE ANIMAL AND WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY WAY WHATSOEVER IN CONNECTION THEREWITH OF THE ANIMAL ABOVE.

****ALL PETS HOUSED AT V.E.T. CARE HOSPITAL AND PET RESORT MUST BE CURRENT ON ALL VACCINATIONS. FOR DOGS THIS INCLUDES RABIES, DISTEMPER, PARVO AND CORONA WITHIN THE LAST 12 MONTHS, AND BORDETELLA WITHIN THE LAST 6 MONTHS. FOR CATS THIS INCLUDES RABIES, FVRCP AND FELINE LEUKEMIA WITHIN THE LAST 12 MONTHS. FOR FERRETS THIS INCLUDES FERRET RABIES AND DISTEMPER WITHIN THE LAST 12 MONTHS.**

I ALSO UNDERSTAND THAT UNFORESEEN CIRCUMSTANCES MAY MAKE IT ADVISABLE THAT OTHER TREATMENT OR SURGERY BE DONE AND I AUTHORIZE SUCH TREATMENT OR SURGERY WHEN AND IF IT IS DEEMED NECESSARY.

I CONSENT TO THE ADMINISTRATION OF SUCH ANESTHESIA AS MAY BE DEEMED PROPER BY THE DOCTOR.

I ACKNOWLEDGE THAT NO ASSURANCE HAS BEEN MADE OF THE RESULTS OF SURGERY OR TREATMENT AND THAT RISKS AND POSSIBILITY OF COMPLICATIONS EXIST IN ANY SURGICAL OR MEDICAL TREATMENT.

ALL CHARGES INCLUDING BOARDING COSTS SHALL BE PAID UPON ADMISSION TO HOSPITAL OR PET RESORT. I AGREE TO PAY ANY ADDITIONAL CHARGES ON THE DAY THAT MY PET IS PICKED UP AND UNDERSTAND THAT MY PET MAY NOT LEAVE THE PREMISES UNTIL ALL CHARGES ARE PAID IN FULL. I UNDERSTAND THAT ANY ANIMAL LEFT FOR TEN DAYS BEYOND THE AGREED UPON DATE OF PICKUP MAY BE SOLD OR DISPOSED OF AT THE DISCRETION OF V.E.T. CARE HOSPITAL AND PET RESORT.

(SIGNATURE OF OWNER OR OWNER'S AGENT)