



Treatment Consent Form

Owner: _____ Patient: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

Procedure(s): _____

I understand individual patients can respond differently to the same treatments, and sometimes unforeseen, but not unusual, changes in treatment protocol may be required. I've received a copy of the treatment plan estimate. _____initial

Is your pet on any medications? Yes-please list below No

Medication & Strength: _____ Amount: _____ When: _____

Medication & Strength: _____ Amount: _____ When: _____

PLEASE READ THE FOLLOWING: I, owner or authorized agent of this patient, certify that I am eighteen years of age or over. I give the Veterinarians at North Star Animal Hospital permission to: Treat, Hospitalize, Anesthetize, Perform Surgery or Vaccinate. I understand there are risks with these procedures. Possible complications of these procedures include: infection, vaccine reactions, breakdown of the surgical incision and in rare cases death. I understand that the success of the procedures are dependent on many factors and a guarantee of a successful outcome is neither implied nor expressed. I am encouraged to discuss any concerns with the Veterinarian before the procedure is initiated. In the event that my pet is hospitalized and the veterinarian is unable to reach me, I understand it is my responsibility to call the hospital to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I understand that an estimate of the costs for veterinary services can be provided to me and I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for all fees accrued. _____initial

I understand if there is a life-threatening emergency, the Veterinarian may not have time to call before starting treatment. _____initial

I give authorization for emergency care: **YES**, I assume financial responsibility for all fees accrued _____initial. **NO**, _____initial

If I am UNREACHABLE and <animal> is suffering with a poor prognosis. I give my permission to proceed with euthanasia.

YES _____signature **NO** _____signature

Signature: _____ Date: _____ Phone Number: _____