



1008 Johnston Chapel Road  
Summit, MS 39666  
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**Consent for Treatment/Surgery**

Date: \_\_\_\_\_  
Pets Name: \_\_\_\_\_  
Age: \_\_\_\_ Sex: \_\_\_\_ Breed: \_\_\_\_\_ Species: \_\_\_\_\_  
Patient ID number: \_\_\_\_\_ (Office Use)

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

You are to use all responsible precautions against injury, escape, or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand I assume all risks. I agree to pay for in full for the services rendered.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

**If my pet is being spayed and is in heat or pregnant, I understand there will be an additional charge and any pregnancy will be aborted.**

**If my pet is having a dental, I approve all necessary extractions and I understand there will be an additional charge.**

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

**Surgery/Procedure Being Performed:**

\_\_\_\_\_

**Clients Signature:** \_\_\_\_\_

Best phone number to reach you at  
today: \_\_\_\_\_

