



100 W Main Street ~ Odessa, Missouri 64076  
Sean Croucher, DVM ~ Jennifer Shockley, DVM  
(816) 633-5712 ~ (816) 230-8484  
FAX: (816) 633-7933

## PATIENT CONSENT FORM

Name of Owner: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

I am the owner or agent of the above described animal and have the authority to execute this consent.

I am over 18 years of age and hereby consent and authorize the performance of the following procedure(s) or operations:

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

I understand that during the foregoing procedure(s) or operations, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) that those set forth above. Therefore, I hereby consent to and authorize the procedure(s) or operation(s) that are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and medications. I understand that the hospital personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

If fleas and/or ticks are found on my pet, I understand my pet will be treated at my expense. All boarded dogs and patients must be current on Rabies, DA2LPP, and Bordetella vaccinations. All boarded cats and patients must be current on Rabies and FVRCP&C (Feline Distemper) vaccinations. I understand I will be charged for these treatments.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Witness to the above signature

\_\_\_\_\_  
Date