



TREATMENT CONSENT FORM

Treatment | Sedation | Procedure Consent

Last Name _____ Pet's Name _____ Breed _____ Age _____ Sex _____

I do hereby certify that I am the owner/guardian/agent of the pet described above and have full authority to execute this consent. I give my full authorization and consent to have the veterinarians of Parkland Veterinary Hospital to perform the procedures listed below.

Procedure(s) _____

I authorize the doctors and supporting staff of Parkland Veterinary Hospital to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the use of all anesthetic agents, sedatives, tranquilizers, and other medications and supportive care before, during, and after my pet's procedure deemed as necessary by my pet's attending veterinarian. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I have been advised of the risks and possible complications of my pet's procedure and that results and/or expected outcome cannot be guaranteed. If for any reason an emergency situation arises with my pet, the doctors and supporting staff of Parkland Veterinary Hospital have my full permission to provide medically necessary treatment, and I agree to assume full financial liability for any and all expenses incurred. I understand that payment is due at the time of service and that I am fully financially responsible for any and all services rendered. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

Signature of Owner / Guardian / Agent

Date

(____)_____
Daytime Phone Number