Reynoldsburg Animal Hospital LLC

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OWNER'S NAME:				
TELEPHONE NUMBER(S):				
PET'S NAME:				
SPECIES:				
BREED:				
SEX:	MALE: \Box	FEMAL	E: 🗆	
I understand that during the perinecessitate an extension of the fabove. Therefore, I hereby consin the exercise of the veterinaria. I also authorize the use of approximate approximate an extension of the fabove.	formance of the foregoing procedent to and authoran's professional opriate anesthetic by the veterinari	foregoing procedure(s) or operations(s): foregoing procedure(s) or operations(s) or differize the performance of such procedure procedure. cs, and other medications, and ian. I understand that there is a	ation(s), rent proc cocedure I underst n inherer	unforeseen conditions may be revealed that redure(s) or operation(s) than those set forth (s) or operation(s) as are necessary and desirable and that hospital support personnel will be not risk associated with the use of general
For the protection of other ho (i.e. fleas, lice, mites, etc.) he/s			s admitte	ed and has evidence of any external parasites
I have been advised as to the na	ture of the proce	edures or operations and the ris	ks involv	ved. I realize that results cannot be guaranteed.
I have read and understand this	authorization and	nd consent.		
Date				Signature of Owner or Agent
Received copy of post-op instr	ructions			Witness to Above Signature