

Reynoldsburg Animal Hospital LLC

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7295 East Main Street
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(614) 861-5755

OWNER'S NAME: _____

TELEPHONE NUMBER(S): _____

PET'S NAME: _____

SPECIES: _____

BREED: _____

SEX: **MALE:** **FEMALE:**

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operations(s):

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

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that there is an inherent risk associated with the use of general anesthetics and this risk, although low, can result in serious illness and/or death.

For the protection of other hospital patients, I understand that if my pet is admitted and has evidence of any external parasites (i.e. fleas, lice, mites, etc.) he/she will be treated at my expense.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

Date

Signature of Owner or Agent

Received copy of post-op instructions

Witness to Above Signature