

## SURGICAL / DENTAL / TREATMENT CONSENT

I consent and authorize Lake Hamilton/Hot Springs Animal Hospital to do the following surgery/treatment:

I understand that if my pet has internal or external parasites, they must be treated to protect my pet as well as others in the hospital. Your pet will be given a flea and/or tick preventative that lasts 30 days.

I understand that with any medical procedure, there are risks involved and I accept these risks. I further understand that no guarantee of successful treatment has been made. I assume full financial responsibility for all charges related to the treatment of:

\_\_\_\_\_.

I understand that payment is due when services are rendered.

**Please initial one of the two statements below:**

1. Should any further tests or treatments be necessary, Lake Hamilton/Hot Springs Animal Hospital is give permission to add these tests and treatments to the above list.

2. Should any further tests or treatments be necessary, Lake Hamilton/Hot Springs Animal Hospital is NOT given permission to add these tests and treatments to the above list until I am contacted. If the situation is life threatening, the clinic IS given permission to continue all tests and treatments other than those listed above.

Today's Phone Number: \_\_\_\_\_ Date:

\_\_\_\_\_

Signature: \_\_\_\_\_