

Owner Name: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Client ID: \_\_\_\_\_



UPPER EAST SIDE  
ANIMAL HOSPITAL

## Procedure Consent Form

**Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia we will perform pre-operative bloodwork and diagnostic tests to determine if your pet has any special needs and is healthy enough for anesthesia. Our laboratory is fully equipped and staffed to perform these crucial tests and the results will be immediately available to review before placing your pet under anesthesia.**

The undersigned hereby warrants that he /she is the owner or authorized agent for the owner of the above-named animal and does hereby request, consent and authorize Newton Veterinary Hospital to care for, treat or perform the procedures listed below.

In emergency circumstances, staff members are authorized to provide emergency care as deemed necessary until further advised by the undersigned owner or agent in person, by phone or writing.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against complications, injury, escape or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Newton Veterinary Hospital.

Payment Policy: We accept cash, checks, Master Card, Visa, Discover, American Express and care Credit for payment of services We cannot extend the privilege of billing services as this puts us in the position of becoming a lending institution.

**Payment in full required at time of discharge.**

I agree to assume financial responsibility for all services rendered.

### Procedure:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NUMBER

ALTERNATE PHONE NUMBER