

Parvin Animal Clinic  
Non-elective Surgery, Anesthesia, and Treatment Consent Form

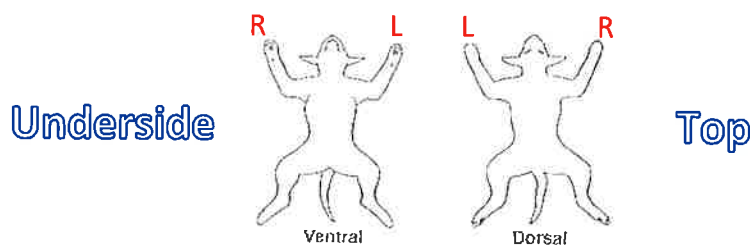
Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

When my pet's surgery is completed, please contact me by (select one below):

☐ Call or ☐ text # \_\_\_\_\_ Alternate # \_\_\_\_\_

What procedure(s) is your pet having done today? \_\_\_\_\_

If applicable, please mark location of lump(s) to be removed with an X



Please list all medications given in the last 72 hours. This includes prescription and over the counter medications \_\_\_\_\_

*\*In the event that additional services may be needed, to ensure the health and safety of your pet prior to scheduled procedure, we will attempt to contact you with the given information above. Failure to be reached on the day of the procedure, may result in postponement of the surgery/treatment. \**

Please review the options below and initial the option that will allow us to provide the best care for you and your pet today:

\_\_\_\_\_ Please do what you believe is in the best interest for my pet while in your care, regardless of additional costs.

\_\_\_\_\_ I will be available all day, please call me before any additional procedures.

\_\_\_\_\_ Only perform and complete the treatments we have discussed and scheduled. No additional procedures.

Parvin Animal Clinic strives to offer the best care and medicine to our patients, and by doing so we like to recommended the following services. Please review and initial any additional services you would like for your pet to have today.

Please INITIAL one: \_\_\_\_\_ Yes, microchip my pet \_\_\_\_\_ No, DO NOT microchip my pet \_\_\_\_\_ Already microchipped

- \$60.00. We offer a 10% discount off of microchips when they are implanted while under anesthesia. This permanent chip is registered with the information you provide when registering online.

I certify that I am the owner, over the legal age of 18, and financially responsible for the above-named animal, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, induce anesthesia, and/or operate on my pet. All charges, including boarding costs (if necessary), shall be paid upon release of my pet from Parvin Animal Clinic.

After carefully reading the above, I have signed in agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date