

PARVIN ANIMAL CLINIC (PAC)  
NON-ELECTIVE/Emergency/Anesthesia/Surgery/Treatment Consent Form

Your Name \_\_\_\_\_

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

**Best number to reach you at when your pet's procedure is completed? Please check one:**

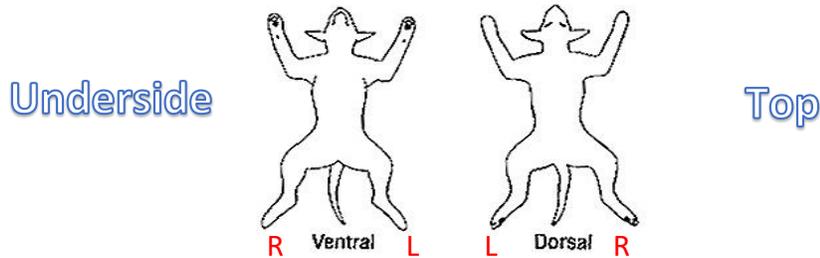
Call **OR**  Text # \_\_\_\_\_ Alternate # \_\_\_\_\_

Procedure to be done today (in your words): \_\_\_\_\_

Time of last meal \_\_\_\_\_

Time of last water consumption \_\_\_\_\_

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

\_\_\_\_\_ Last dose given at \_\_\_\_\_

It may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of your pet. Failure to be reached on the day of the procedure may result in postponement of the surgery/treatment.

Please **INITIAL** ONE option that will allow us to handle your pets' decisions in his/her best interest (i.e., tooth extraction, IV fluids, additional pain medication, etc.) if needed.

Please **INITIAL ONE** option below

YES, do whatever my pet needs, no matter the cost: \_\_\_\_\_

OR

I will be available, please call me before ANY additional procedures: \_\_\_\_\_

OR

NO, only do what we have scheduled and discussed no matter what: \_\_\_\_\_

**MICROCHIP:** IF your pet has not been microchipped, now is the time to do so. 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.

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

**We do provide bedding and toys for your pets. If you are leaving personal items please list them below:**

LEASH COLLAR HARNESS BLANKET TOY BED CARRIER TOWEL Other: \_\_\_\_\_

*Disclaimer: Kennels are sanitized daily and ALL bedding will be washed and dried. Parvin Animal Clinic will not be responsible for items lost or damaged.*

I certify that I am the owner and responsible party 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 PAC.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date