

Please print, fill out and bring this form with you at the time of your pets' appointment. Thank you.

KENWOOD ANIMAL HOSPITAL

5439 Butler Road
Bethesda, Maryland 20816
(301) 654-3000

VETERINARY CONSENT

First and Last Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Pet's Name: _____ **Species:** _____ **Breed:** _____
Date of Birth: _____
Male: ___ Female: ___ (please check one)

I am the owner or agent of the pet described above, and have the authority to execute this consent.

I authorize the personnel of Kenwood Animal Hospital to perform the treatment/procedure(s) described below. I have been informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved.

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia.

I understand that unforeseen conditions and abnormalities may be revealed during this procedure which may not have been apparent hitherto, and therefore may not have been included as part of my pet's procedural estimate.

Please review and initial one of the options below. We recommend that you discuss these options with your veterinarian and/or the surgeon performing today's procedure.

(INITIAL) _____ Treat as needed during the procedure, according to necessity and as advisable in the professional judgement of the veterinarian

(INITIAL) _____ I pre-authorize treatment as needed during the procedure, without contacting me first, up to \$_____.00 (please fill-in amount) above the original estimated cost

(INITIAL) _____ I do not pre-authorize any procedure(s) in addition to the original estimate. Please contact me prior to additional procedure(s).

I understand that if I am unreachable, the additional procedure(s) will not be performed and my pet may need to be scheduled for a second anesthetic procedure.

I understand that Kenwood Animal Hospital is not staffed 24 hours a day, and my pet will not have overnight medical supervision.

I understand the benefits of microchipping and hip evaluation .

I ACCEPT _____, I DECLINE _____, microchipping. (INITIAL)
I ACCEPT _____, I DECLINE _____, hip evaluation (dogs only). (INITIAL)

I have read and understand this consent form. I realize that results of this procedure cannot be guaranteed. I understand that estimates of costs are a best effort to predict costs surrounding this procedure, but cannot be provided with complete accuracy and/or detail. I consent to the proposed treatment/procedure(s) described above.

SIGNATURE: _____ **DATE:** _____

CONTACT NUMBER(S) FOR TODAY: _____