



GENERAL VETERINARY CLINIC

Hwy 24 & 36 East
Monroe City, MO 63456
573-735-4500

CONSENT TO TREATMENT AND/OR OPERATION

1. I am the owner or agent for the owner of _____, and am over the age of eighteen.
2. I consent to and authorize the performance of general anesthesia: YES _____ NO _____ (*please initial*)
3. In addition to the above procedure, I authorize the following: _____

4. I understand that during the performance of procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the above procedure(s) or operation(s) or different procedure(s) or operation(s) other than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.
5. I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.
6. I understand that it is my responsibility to return for this animal when the treatment is completed. Seven days after being informed of such, if the animal has not been discharged it will be considered abandoned and become the property of the General Veterinary Clinic. Such action does not relieve my obligation for paying all the charges incurred.
7. I have read and do understand this consent and hereby voluntarily execute my consent.

Owner/Agent Signature

Date

Veterinarian Signature