



1110 Route 17M · Monroe, New York 10950 · 845-783-2333

## Consent Form

Date of Service: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Owner: \_\_\_\_\_  
Case No: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Patient: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_

The following services will be provided for your pet during this visit:

**Implant Microchip Today**     **My pet already has a microchip**     **Declining Microchip**  
(additional fee \$126)

As the owner (or authorized agent for the owner) of <animal>, I do hereby consent and grant the veterinarians of <company> and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the procedures and treatments described above and to perform any other procedure or treatment that, at the attending veterinarian's discretion, may be deemed medically necessary for <animal>, and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments.

I accept and agree to the terms above:

Print name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Contact me today at:

Anesthetic procedures only:

Pre-anesthetic bloodwork will be performed in advance of all anesthetic procedures to determine certain pre-existing conditions, including disorders of the kidneys, liver, heart, blood, etc., which may inhibit a successful anesthetic procedure and/or cause grave danger for your pet. I agree that the Hospital shall not be held liable in any manner for complications, injury, or death that may result from any anesthetic complications.