

16th Avenue Animal Hospital
5970 16th Ave, Unit 104
Markham, Ontario, L3P 7R1
905-554-7210

MEDICAL TREATMENT OR SURGERY CONSENT FORM

Owner: <first-name> <last-name> Patient: <animal>
Breed: <breed>
Street: <address>
 <address2> Sex: <sex-name>
City: <city> Age: <age>
Phone: <phone> Colour: <color>

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the Veterinarians and all the staff of 16th Avenue Animal Hospital, their agents, servants, and/or representatives full and complete authority to perform the medical treatment or surgical procedure described as:

Please circle the correct answer.

- I **Accept / Decline** a take home E-Collar
- I **Accept / Decline** a take home After Surgery Vest
- I **Accept / Decline** take home Pain Medication
- I **Accept / Decline** take home Antibiotics
- I **Accept / Decline** use of Intravenous Fluids

I also understand that unforeseen conditions may be revealed during the identified procedures, which, in the opinion of the attending veterinarian, require more extensive or different procedures of treatment. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, if unsuccessful, I authorize the performance of any procedure or treatments, which are necessary in the professional opinion of the attending veterinarian.

I do hereby and by the presents forever release the said doctors, their agents, servants, or representatives from any and all liability arising from said medical treatment or surgery on said animal.

The owner has the option of transferring their pet to the Emergency Veterinary Clinic for the evening, if this is preferred.

Signed _____

<first-name> <last-name>

Date: <date>