

DAVIS BLVD. ANIMAL CLINIC
6001 DAVIS BLVD.
NORTH RICHLAND HILLS, TEXAS 76180
CLINIC: (817) 485-2450

INFORMED CONSENT

Owner's name _____ Date _____
Address _____
City _____ State _____ Zip _____ Phone _____
Animal's name _____ Species _____ Sex _____
Breed _____ Age _____ Weight _____ Color _____

.....
I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon

(Pet's name) _____

I understand that the surgery or treatment contemplated is:

You are to use all responsible precautions against injury, escape or demise of the animal, but you will not be held liable or responsible in any manner whatever or any circumstances on account of the care, treatment or safekeeping of the animal described above or otherwise in connection therewith as it is thoroughly understood that I assume all risks.

I understand that conditions not known may make it advisable that other surgery of treatment be done and I authorize such other surgery or treatment when and if they are deemed advisable.

I consent to the administration of such anesthesia as may be deemed proper by the doctor.

I acknowledge that no assurance or guaranty has been made of the results of the surgery or treatment and that risks and probabilities of complications exist in any surgical or medical treatment.

All charges including boarding costs shall be paid when the animal is released from the hospital. If the pet is not called for within 5 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 5 day period, the animal will be considered abandoned and may be disposed of according to the laws of the state of Texas. It is understood that you so doing does not relieve me from paying all of the costs of your services and use of your hospital including the cost of boarding.

After carefully reading the above statements I have signed in agreement.

Signature: _____