

MIAMI SPRINGS ANIMAL HOSPITAL

GENERAL CONSENT

OWNER'S NAME _____ HEALTH PLAN _____

PHONE _____ EMERGENCY PHONE NUMBER _____

NAME OF PET _____ DOG _____ CAT _____

BREED _____ COLOR _____

AGE _____ SEX _____ SPAY / NEUTER _____

I AUTHORIZE *MIAMI SPRINGS ANIMAL HOSPITAL*, TO PERFORM THE TREATMENT/ PROCEDURE OR OPERATION DESCRIBED BELOW. I HAVE BEEN INFORMED OF THE REASONS FOR THE TREATMENT /PROCEDURE(S), ALONG WITH THE EXPECTED BENEFITS AND RISKS INVOLVED.

PLEASE SELECT SERVICE YOUR PET NEED

REGULAR BATH:

SMALL (25 Lbs) _____

MEDIUM (30 Lbs) _____

LARGE (50 Lbs) _____

X-LARGE (UP) _____

GROOMING:

SMALL _____

MEDIUM _____

LARGE _____

X-LARGE _____

DIP : _____

(FLEAS & TICKS TREATMENT)

MEDICATED BATH _____

FECAL: _____

VACCINES _____

**I AUTHORIZE THE GROOMER TO COMPLETELY SHAVE DOWN MY PET: _____

X RAYS _____ CBC _____ CHEMICAL PROFILE _____ EKG _____

VOMITING _____ OTHER _____

DIARREAH _____ COUGHING _____ SNEEZING _____ EATING DISORDER _____

I UNDERSTAND THAT UNFORESEEN CONDITIONS MAY REQUIRE AN EXTENSION OF A PLANNED PROCEDURE OR OPERATION. I HEREBY AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES OR OPERATIONS AS ARE NECESSARY AND ADVISABLE IN THE PROFESSIONAL JUDGEMENT OF THE VETERINARIAN. I AM WELL AWARE OF MIAMI SPRINGS ANIMAL HOSPITAL'S OFFICE HOURS, WHICH ARE MONDAYS-FRIDAYS: 9:00 AM-6:00 PM, SATURDAYS 9:00 AM-4:00 PM, SUNDAYS: CLOSED. IF FOR ANY REASON I AM NOT ABLE TO PICK UP MY PET, DURING THEIR OFFICE HOURS, I KNOW THAT THERE WILL BE AN OVERNIGHT CHARGE, AND THAT THERE IS NO MEDICAL STAFF AFTER OFFICE HOURS _____. (IN)

BY SIGNING BELOW, I ACKNOWLEDGE THAT IF MY PET IS BADLY MATTED, SENIOR, AND/OR RECEIVING THE SERVICES OF BEING GROOMED OR DEMATTED, THERE IS A POSSIBILITY THAT A MINOR CUT AND/OR INJURY MAY OCCUR. I AGREE THAT IF THE GROOMER FINDS THAT THE REQUESTED SERVICES IS UNABLE TO PERFORMED COMPLETELY DO TO MATTING AND/OR AGE, THE GROOMER WILL PERFORM THE REQUESTED SERVICES TO THE BEST OF HIS/HER ABILITY.

I UNDERSTAND THAT I ASSUME ALL RISKS, I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S) AND ALSO THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE. _____(IN)

OWNER'S SIGNATURE _____ DATE _____