



# Ramapo Valley Animal Hospital

## Standard Consent Form

Owner/Agent Name: \_\_\_\_\_ **SAMPLE** \_\_\_\_\_ Name of Patient: \_\_\_\_\_

I am the owner or agent of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and/or operation(s): \_\_\_\_\_

- (1) I understand that the veterinarian recommends pain management, intravenous catheter and fluids be administered during all anesthetic procedures. Patients over the estimated age of five years are required to have pre-surgical blood-work.
- (2) I AUTHORIZE the implantation of a permanent HomeAgain MICROCHIP (\$55.00 which includes activation and annual membership fee) as identification in the event my pet is ever lost. (Initials: \_\_\_).

I understand during the performance of the foregoing procedure(s) that unforeseen conditions may be revealed which necessitate an extension of the procedure(s) or a different procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent form. I assume responsibility for all charges incurred in the care of this animal. I agree to pay all charges at the time of each visit. I understand if a bill is left unpaid and must be sent to a collection agency, I am responsible for all legal and collection fees.

**I understand that my pet will not be discharged until the balance is paid in full or until payment arrangements have been made.**

Date: \_\_\_\_\_

Signature of Owner/Agent: **NOT VALID**

Employee Witness: \_\_\_\_\_

Current Home Phone Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_