



Newton Animal Hospital
 3700 South Kansas Road
 TBC
 Newton, Kansas, 67114
 Ph: 316-283-1650
 Fax: 316-283-6838
 Email: reception@newtonanimalhospital.org

DATE

Surgery/Procedure Consent Form

Client Details

Name _____

Address _____

Phone(s) _____

Animal Details

Name _____

Species _____

Breed _____

Age _____

Sex _____

Weight _____

_____ has been admitted for _____.

Has _____ eaten after 12:00 AM last night? YES / NO

Has _____ had any medication recently? YES / NO

If anesthesia/sedation is required, I understand that there are risks involved and that in the event of an emergency, the hospital will take all necessary actions to control the problem and will notify me as soon as possible. I understand and agree to the use of human medicine in my animal when deemed appropriate by the Veterinarian.

I fully understand that this is an estimate only. Newton Animal Hospital makes every effort to remain within the estimate given.

I agree to meet the costs of all treatment at the time of discharge. I understand the risks and complications of these procedures, which have been explained to me by the Veterinarian.

PLEASE RESPOND TO EACH SERVICE OPTION BELOW:

Yes No

- Presurgical screening performed on my pet (\$91.50)
- Pet identification microchip, includes 1 year membership in the Home Again Recovery System (\$77.00)
- Laser treatment to assist in post-operative healing. (\$14.25)
- Nail trim while under sedation. (\$6.50)

DENTAL PROCEDURES ONLY:

Yes No

- Remove diseased, damaged, or retained baby teeth during the procedure (additional fee).

Please contact me if the price of the dental procedure will be over \$ _____

All accounts are payable at the time of the procedure.

Phone number where I can be reached _____

Signed: _____

(OWNER or AGENT) Date _____