



THE PATTON VETERINARY HOSPITAL

425 EAST BROADWAY, RED LION, PA 17356

www.pattonvethospital.com

(717) 246-3611



Authorization & Consent for Hospitalization/Surgery

Owner's Name: _____

Sex: _____

Breed: _____

Color: _____

Patient's Name: _____

Birth Date: _____

Species: _____

Emergency Phone Number(s): _____

Text Number to contact you post-surgery: _____

Call with dental extractions/radiographs YES NO (Do what is necessary)

I am the owner or agent for the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Dr. Douglas Schmidt or associates to perform the following procedures or operations:

and/or: Nail Trim Anal Gland Expression Ear Cleaning Microchip
 Laser Therapy

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise. If this should occur, I do _____/do not _____ authorize the performance of additional procedures to resuscitate my pet.

I authorize the use of appropriate anesthesia, IV catheter and/or fluid therapy, and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and all of the above may incur further charges. I have read and understand this authorization and consent.

I understand that The Patton Veterinary Hospital does not provide 24 hour care. I have been informed and understand that my pet will not be under doctor or nurse observation between the hours of 8:00pm and 7:00am. I am aware that should the need arise for 24 hour care, I can transfer my pet to another location as recommended by Dr. Douglas Schmidt or his associates. I understand that a 24 hour care facility is available and I have consented to my pet remaining in the care of The Patton Veterinary Hospital.

All animals entering the hospital must be current on vaccinations and free of external parasites or they will be treated at the owner's expense.

Agent Authorized to Give Consent for Care Signature: _____

Date: _____