

TO: LEXINGTON BLVD. ANIMAL HOSPITAL

Owner's Name

Animal Name

I am the owner or agent for the owner 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) or operation(s):

I understand that during the performance of the foregoing procedure(s); unforeseen conditions may occur that necessitate an extension of these procedure(s) or different procedure(s) than those set forth above. LEXINGTON ANIMAL HOSPITAL PERSONNEL will make every effort to contact me in the event of an emergency when time allows. Until such time, I hereby consent to and authorize the performance of such procedure(s) as are necessary according to the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medication, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operation and the risk involved. I realize that results cannot be guaranteed.

I agree to pick up my animal at the designated time. Five days from this date, I understand that the animal is considered abandoned unless other arrangements have been made. At such time, I relinquish all claims to my animal and Lexington Blvd. Animal Hospital is at liberty to humanely dispose of the Animal as deemed fit. I understand that this does not relieve me of the responsibility of payment of accumulated hospital and boarding charges. I have read and understand this authorization and consent by my signature.

COMMENTS:

I elect to have pre-surgical lab work performed as follows:
Lab screening (minimum tests needed to assess pet's anesthetic risk)
Complete Lab Profiling (required over 8 years of age)
Lab Profiling has been done in the previous 3 months

DATE:

SIGNATURE:

WITNESS:

(by providing my digital signatures I agree to the terms within this document)