



Name:
Primary Phone:
Secondary Phone:
Address:

Pet:
DOB:
Breed:
Sex:
Color:

Angell Standard Consent Form

My signature below certifies that I am the [please circle one] OWNER / AUTHORIZED AGENT of the animal listed above, and I acknowledge my authority to execute and consent.

I hereby authorize Angell Animal Medical Center to provide treatment for said animal in accordance with our prior discussions regarding the plan for his/her care and the estimate I have been provided outlining the anticipated costs.

I authorize the officers, agents and employees of Angell Animal Medical Center to provide veterinary medical care as they deem reasonable and appropriate, including the use of anesthesia and pain relief medication as needed before, during or after any procedure. I expect that the staff at Angell will use all reasonable care in the treatment of my animal, but recognize that there are inherent risks associated with any medical treatment or surgical procedure. While I understand that Angell will take necessary precautions to prevent or minimize their occurrence, I recognize the possibility that unexpected complications may still occur and I hereby release Angell from all claims and will not hold Angell liable should that happen.

I hereby expressly acknowledge that the risks/benefits of the treatment plan and alternative forms of care have been explained to me. I understand those risks, benefits and alternate options, and I consent to treatment in accordance with the agreed treatment plan. I affirm that I have been granted the opportunity to ask questions and seek clarification of issues in giving my consent.

Owner/Agent Signature

Date