



Client & Patient Consent Form

Date: _____

Client's Name: _____	Pet's Name: _____	Age: _____
Address: _____	Species: Dog / Cat	Breed: _____
_____	Sex: Male / Female	Weight: _____
Acct. No: _____	Doctor: _____	

Phone Number(s) : _____

Please provide a telephone number where you shall be immediately available. If you will not be available, please provide the name and phone number of someone who is and authorized to act as your agent.

I am owner or the agent (of legal age) for the owner of the animal described above and I have the authority to execute this consent.

I hereby request, consent and authorized Ballston Animal Hospital to perform the following procedure or operations:

1. My pet has fasted: ___Yes ___No
2. I would like an AVID Microchip implanted: ___Yes ___No (AVID is recognized internationally)
3. Hospitalize
4. _____
5. _____
6. _____

The nature of the operations or procedures has been explained to me and I understand what will be done.

I have also been informed that there are risks and complications associated with any operation or procedure of this type. Those risks have been explained to me as well. I further understand that during the course of the operations or procedures unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before and/or after the procedure. I have been informed that there are risks associated with the use of medication.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signature: _____ Date: _____