

Companion

Animal Hospital of Milford



CONSENT TO TREAT

I, _____, the owner of _____, give my consent to Dr. Kenneth Preli and/or Dr. Stephanie Preli to provide medical care. In the event of a medical emergency, I give Dr. Kenneth Preli and/or Dr. Stephanie Preli permission to provide any medical or surgical care deemed reasonable and necessary. I understand that the Companion Animal Hospital will make all reasonable attempts to contact me before initiating any emergency or additional treatment for my pet while at the Companion Animal Hospital. I understand that if anesthesia is necessary, that it carries risks. I consent to the administration of anesthesia if necessary. (The risk of serious complications can be minimized but not eliminated by anesthetic screening. Many disorders of the kidneys, liver, heart, and blood can't be detected without blood tests. That is why we strongly recommend performing a pre-anesthetic screening before sedating your pet.)

I authorize a pre-anesthetic work-up: (please initial)

_____ (yes) _____ (no). already done ____/____/____

I am aware that the practice of veterinary medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I agree to provide Dr. Kenneth Preli and/or Dr. Stephanie Preli with any information about the animal(s) that might be relevant to treatment. If overnight hospitalization for medical purposes is recommended I understand that I have the option of taking my pet to an emergency service for overnight care. I also understand that I have the option to take my pet home. I understand that during the course of the night, there is the possibility of unforeseen complications. I understand, acknowledge, and accept these risks.

Signature of Owner

Date

Telephone Number

Alternate Phone Number

*Please note that if your pet is found to have live fleas, we will be applying flea medication to prevent their spread. You will be charged for the one dose application.