**SUTHERLIN VETERINARY HOSPITAL**

**(A Division of Herrera Ventures, Inc.)**

**702 W. Central Ave, Sutherlin, Oregon 97479**

**541-459-9577**

**HOSPITAL CONSENT FORM**

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, being responsible for the above described animal, have the authority to grant Sutherlin Veterinary Hospital my consent to receive, prescribe for, and treat my pet. \_\_\_\_\_please initial)

General Complaint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I authorize the Doctors and staff of Sutherlin Veterinary Hospital to perform the following diagnostic procedures and/or treatment on my pet if deemed necessary by the doctor.

Blood Chemistry\_\_\_\_\_ CBC\_\_\_\_\_ X-ray(s) \_\_\_\_\_ Iv Catheter & Fluids\_\_\_\_\_

Urinalysis\_\_\_\_\_ Fecal/Fluke\_\_\_\_\_ Medications necessary for treatment\_\_\_\_\_\_ Hospital\_\_\_\_\_

Anesthesia\_\_\_\_\_

Additional diagnostics/services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please initial)

**(By initialing next to these items indicates your authorization)**

**\*\* If we discover fleas on your pet while here we will apply a dose of Frontline or Advantage and possibly administer a dose of Capstar at an additional cost to you. \*\* Date of last application/dose flea prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What product applied/dosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sutherlin Veterinary Hospital is to be held harmless in the event of death due to the illness of your pet.

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Signature of owner/agent Date Contact phone/CELL phone #

**A contact number, preferably a cell # if available, must be left in case of an emergency.**

**\*\*If we are unable to reach you and feel that your pet is in need of immediate medical attention, you hereby authorize the Dr.s and staff of Sutherlin Veterinary Hospital to treat your animal, perform medical procedures and administer medications to your pet unless otherwise noted on this form.\_\_\_\_\_**

**(please initial)**