Medical Treatment Consent Form

Owner: ____

Address: ____
____

Phone # ____________________________ Today's contact # ________________________________

Pet's Name: ______________________________ Species: ______________________
Breed: ___________________________ Color: ________________________
Sex: __________
Primary Veterinarian ________________________

Primary Problem____

Duration____

(please check all that apply and list duration if different from above):

GI:
- ☐ vomiting
- ☐ diarrhea
- ☐ not eating
- ☐ weight loss
- ☐ change in eating habits

SKIN:
- ☐ itching/scratching(location) ________
- ☐ bumps
- ☐ hair loss
- ☐ growth/tumor(location) ___________

EARS: ☐ R ☐L ☐Both
- ☐ head shaking
- ☐ scratching
- ☐ redness/ discharge

URINARY:
- ☐ frequent urination
- ☐ blood in urine
- ☐ unable to urinate
- ☐ urination in unusual places
- ☐ change in drinking habits

EYES:
- ☐ discharge
- ☐ redness
- ☐ other ________________________

GENERAL:
- ☐ lethargy
- ☐ other _____________

RESPIRATORY:
- ☐ coughing
- ☐ sneezing
- ☐ difficulty breathing

MUSCULOSKELETAL:
- ☐ limping(which leg) _______________
- ☐ slow to get up after rest
- ☐ back pain

Other problems(please specify)____

Current medications: ____

Please select any other services you would like performed while your pet is here:
Nail clip($16) Ear cleaning($30) Express anal sacs($20) Microchip($55)
Other ____

Consent for Treatment:
As the owner or agent of the animal described above, I hereby authorize the veterinarians of Providence Animal Hospital to perform the above described procedures. I also agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. If in the judgment of the attending veterinarian, unforeseen conditions arise that call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.

I have read and understand this consent.

Signature of owner or agent ______________________ ______Date______