



# STANDARD CONSENT FORM

**Wright Veterinary Medical Center**  
**3247 Wimmer Road, Bethlehem, PA. 18020**  
**Phone: 610-865-2611**

**Owner's Name** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Name of Pet:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent, and certify that I am eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the below procedure(s). I understand that some risks always exist with anesthesia and / or surgery. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this / these procedures:

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I understand that during the planned procedure(s) unforeseen conditions may be revealed that necessitate an extension of the planned procedure(s), or additional and / or different procedure(s) to provide the best care for my pet. Therefore, I consent to and authorize the performance of such procedure(s) or operation(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I understand the nature of the procedure(s) and that the procedure(s) and the administration of anesthesia involves risks.

I also authorize the use of appropriate anesthetics, analgesia (pain relievers) and other medication, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

I realize the results cannot be guaranteed. Follow up visit fees are not included

There is a risk to your pet and others if vaccinations are not up to date. We will vaccinate your pet if due (based on our Dr.'s review of your pet's health status and vaccination proof that you provide upon admission).

In order to maintain a flea free environment a flea product will be applied or given for the protection of all pets in the hospital. There will be a charge for this.

I understand that there is no overnight care provided at WVMC.

I promise to be responsible for and make payment, in full, for the veterinary services incurred.

I have read and understand this authorization and consent.

\_\_\_\_\_

Date

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Signature of Owner or Agent