## Marco Veterinary Hospital Medical Service Concent Form

I am the owner or Agent for the owner of the above described animal. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

the performance of the following procedure	(3) or operatio	(3).	
I understand that during the performance of conditions may be revealed that necessitate or different procedure(s) or operation(s) that authorize the performance of such procedure excise of the veterinarian's professional judity procedure(s) or operation(s) performed on services rendered must be made before the	e an extension of an those set for re(s) or operati gment. I will be the above desc	of the foregoing procedur th above. Therefore, I he on(s) as are necessary an financially responsible for thed animal. I realize tha	re(s) or operation(s) reby consent to and d desirable in the or any and all at full payment for
I have been advised as to the nature of the that results cannot be guaranteed.	orocedure or o	perations and the risks in	volved, and I realize
I have read and understand this authorization	on and consent		
**Signature of owner or agent:			Date:
Best number to be contacted while up	nder anesthe	sia:	
Pre-Anesthetic Blood testing: Like you, our greatest concern is your pet's will perform a full physical examination. Ho kidneys, or blood, are not detected unless b important before any kind of anesthesia/su	wever, many co lood testing is	onditions, including disord	ders of the liver,
For these reasons, we require Complete Blo procedure/general anesthetic. If bloodwork months) the performing DVM may waive th	has been perfo	ormed recently (within th	
All pets spayed and neutered at Marco Vete abdomen. This is to signify the pet has been event the pet becomes lost or rehomed.		_	
While under I authorize the following for m	pet:		
Nail trim Teeth	Cleaning	Ear Cleaning	_
Anal Sac Expres	sion	Microchip	
******I as the owner/agent for owner wou extractions performed if the doctor deems			