



beverly hills animal hospital

TREATMENT CONSENT FORM					
Pets Name		Surname		Date	/ /
Species	<input type="checkbox"/> Feline	<input type="checkbox"/> Canine	<input type="checkbox"/> Avian	Other: (specify)	
Breed			Weight		Age
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure					
Last Vaccination	/ /	Previous Meal			
Additional Procedures					
Estimate for Procedure			Contact Number for today		

This document confirms the consent I have given to Beverly Hills Animal Hospital to proceed with veterinary treatment to the pet as described above.

I understand that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

I do not expect the Veterinary practitioner to be able to anticipate, beyond that which is expected of any reasonable / competent clinician, every potential risk and complication associated with the treatment / procedure proposed.

I also confirm that I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I confirm that unexpected complications can arise which may vary that estimate. I understand that the veterinarian will attempt to inform me if the proposed fees are likely to exceed that estimate.

I confirm that I am responsible for the full payment of fees upon completion of treatment or discharge from hospital. If there are any concerns with this, I have discussed this with the veterinarian.

Please Tick:

- I am over 18 and the owner of the above animal
- I am over 18 and have been given permission to act as representative on behalf of the owner.

Name of owner : _____ Signed: _____

Staff Signature: _____