



The Animal Hospital of Havre De Grace
 Dr. Bradley Price DVM
 2120 Pulaski Highway
 Havre De Grace, MD 21001
 (410) 272 - 8656

Consent Continuation Form

Tech _____

Owner:
 Date:
 Home Phone:
 Work Phone:
 Cell Phone:

Pet's Name:
 Species:
 Breed / Color:
 Sex / Age:
 Weight:

Previous consent form dated: _____ is valid for the following treatment or boarding. If any treatment or boarding information changes, I will notify the Animal Hospital of Havre De Grace immediately.

I, _____ certify that I am the owner or the authorized agent for the owner of the animal described above. I am responsible for this animal and give the Animal Hospital of Havre De Grace permission to receive, prescribe for, treat, and or operate upon my pet.

I understand that my pet must be up to date on all vaccinations, had pre-surgical blood work and a comprehensive exam both done within the last 30 days prior to any surgical procedure. If proof of vaccinations is not presented at the time of drop off, or these requirements are not met the vaccinations and other services will be given to my pet and I will be financially responsible.

If my pet becomes ill or an emergency rises, I authorize The Animal Hospital of Havre De Grace to perform diagnostics and treatment medically necessary for the health and comfort of my pet. **If the charges exceed \$50 (above the listed procedures), every attempt will be made to contact me. However, services WILL NOT be withheld if I am unreachable. For charges less than \$50 (above the listed procedures), NO attempt will be made to contact me. I will be financially responsible for these services rendered.**

IN AN EMERGENCY, PLEASE CALL:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

If I cannot be reached please contact:

Name: _____

Phone Number: _____

If I or my emergency contact listed above cannot be reached, I direct the veterinarians and staff of the Animal Hospital of Havre De Grace to:

- Do everything necessary for the health of my pet.
- Do only those procedures authorized and life saving measures if needed.
- Do only life saving measures as needed

Are there any other procedures you would like done today? _____

I acknowledge that there are certain risks to anesthesia that could involve serious bodily injury or death to my pet and that these risks are present in any procedure that requires a general or intravenous anesthetic. I agree to the use of anesthesia as considered necessary and advisable by the veterinarian.

I have read and understand all of the above terms and conditions.

Owner or Responsible Party

Date