



40 Recreation Park Drive
Hingham, Ma 02043
781-749-2800
www.olderbyah.com

Owner's Name:
Address:
Pet's Name:
Breed:

Date of Birth:
Weight:

Color:

As owner or authorized agent of the above animal, I authorize Old Derby Animal Hospital and its staff to anesthetize my pet and perform surgical or medical procedures as necessary/requested. I understand that some risk is present with any anesthetic event and those risks have been fully explained to me. I understand that my pet will be monitored and treated by the attending veterinarian and staff during Hospital hours and that overnight care will not be provided unless special arrangements have been made. I understand that by consenting to this procedure I am financially responsible for all associated fees.

I understand that additional tests, treatments and medications- including vaccinations and treatment for parasites/fleas will be administered if deemed necessary by the attending veterinarian for the health, safety or well being of my pet. I understand there may be fees associated with these additional procedures/treatments and I authorize the attending veterinarian to use his/her best judgment and complete the procedure to minimize risk to the pet.

Unless specifically advised otherwise, your pet should be fasted overnight prior to receiving anesthesia.
My pet last ate at: _____ on: _____
(Time) (Day)

To minimize risks associated with anesthesia and to fully assess surgical needs, all patients must have a comprehensive physical examination and pre-surgical bloodwork within three months of the procedure. If your pet has not had a physical assessment or pre-surgical bloodwork, these procedures may be performed today; however, the results may alter or postpone the medical and/or surgical plan.

While your pet is under anesthesia, we can microchip your pet for permanent identification. Pet Identification utilizes a microchip, the size of a grain of rice, which is implanted between the animal's shoulder blades. Individual numbers are registered in a national database and when pet is separated from its owner the unique encoded number within the microchip greatly assists in the recovery process. This process takes seconds, is relatively painless and is recommended for all companion pets.

Please implant the ResQ Microchip Identification System for my pet. YES NO

I, _____, have read, understand and consent to the statements above.

Signature: _____ Date: _____

It is imperative that we be able to contact you or another authorized decision maker during the day of your pet's procedure. Please provide two contact numbers to be utilized in the event that we need to reach you to discuss your pet's care.

Phone #1

Phone #2

Please list any other services or procedures you would like the staff to perform while your pet is hospitalized?