



Urban Vets Animal Hospital

163 Avenue C (at 10th St.)
East Village/Lower East Side
New York City, NY 1009
212-674-6200

VETERINARY CONSENT FORM

Owner's name: _____

Address: _____
Street City/State ZIP

Home phone: _____ Work phone: _____

Emergency phone: _____

Pet's name: _____ Breed: _____

Color: _____ Diet: _____

Medical history: _____

Current medications/dosage: _____

I am the owner/agent of the pet described above and have the authority to execute this consent. I authorize the above named veterinary facility and staff to perform the treatments/procedures described below. I have been informed of the reasons for the treatments/procedures, along with the expected outcome and the risks involved.

Procedures : _____

I understand that there are certain risks to anesthesia and that these risks are present in any procedure that requires a general or intravenous anesthetic. If anesthesia is needed, I consent to its use.

Payment Policy

The client realizes that in many cases, it is not possible to determine in advance the exact extent of medical or surgical treatment required for an animal. Urban Vets will attempt to estimate the cost of the treatment, but it is understood that the final cost may exceed the estimate, depending on the extent of the treatment required. The client agrees to pay the balance of the fees due at the time the bill is presented. If a balance is due and the owner is unreachable, the client consents to having the charges paid by his/her credit card.

I have read and understood this consent form. I consent to the proposed procedures.

Signature of owner/agent

Date