



Client Name: _____

Pet's Name: _____

Procedure(s) to be performed: _____

I, the undersigned owner (or agent of the owner) of the pet identified above, certify that **I am /am not (check one)** eighteen years of age or older and authorize the veterinarians at MILLS VETERINARY SERVICES to perform the above procedure(s). I understand that some risks always exist with sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected lifesaving emergency care be required and the hospital's staff is unable to reach me, the staff **has /does not have (check one)** my permission to provide such treatment and I agree to pay for such services.

If your pet has been under anesthesia in the past, has it ever had any anesthetic difficulties?

Yes / No - If yes, please describe the difficulties and drugs used if known.

What, if any, medication is your pet taking?

Time of last dose? _____

If sedated, would you like your pet's nails trimmed today while they are sedated? (no charge) Yes__ No __

Signature: _____

Signature Date ____/____/____

Best Phone number to call you at today: _____

Mills Veterinary Services - 4285 MacDonald Road, Armstrong BC V0E 1B5
Ph: (250) 546 8860 – Fx: (250) 546 8867 - Em: office@millsvet.com

