



409 Ocean Ave Melbourne Beach, FL 32951 AMCMelbourneBeach.com

Owner:	Pet's Name:			
I am the owner of the above named animal	or am responsible for it and have authority to execute this consent. I am over eighte	en years (of age	
I authorize the performance of the following	g procedure(s):			
procedures that the doctor deems advisable advisable in the performance of such surgi	ne above named animal, and authorize the doctor and staff to administer any medicati e for the health, safety or well being of my pet. I also authorize the use of such anes cal, diagnostic or therapeutic procedures. I realize that the admnistration of any anes ich include death. I recognize the nature of the procedure(s) being performed and r we been explained to me.	sthetics as thetic age	s you ent car	deem rries a
I understand that at night there	may be times when there will not be anyone here with my pet.			
I acknowledge that no guarante	e or assurance has been made as to the results that may be obtained.			
I agree to indemnify and hold Animal Medical Clinic and its doctors and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.				
Treatment Consent		A		M
Would you like to have a microchip	o placed in your pet?	80	No	80
Does your pet require a special die	rt? Yes	23	No	2
If yes, please bring some of the f	ood with your pet			
What time did your pet last eat?			_am	pm
What medications is your pet taking and when was it last given (Include Over-the-Counter Medications)?				
(Please bring any medications, a	nd an Elizabethan collar if you own one, with your pet)			
If known, planned pick-up time	e:			
Signature:	Date:			_
How would you like us to conta	act you today with updates?			
Phone Call	Text Message Phone Number:			
E-mail	E-mail Address:			