



# Treatment/Procedure Authorization Form

TREATMENT/PROCEDURE AUTHORIZATION

Today's Date: \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## Patient Information

Registered Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: S M G

Breed: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

I am the owner/ authorized agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby give Dr. Otto Stanislaw, Jr., Equine Veterinary, LLC, and any authorized agents, staff, or

Procedure/Treatment	Approx. Cost

representatives' consent and authority to perform the procedure/Treatment described below:

The nature of these procedures or treatments has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any procedure or treatment of this type. They have been explained to me as well. I further understand that during the course of the procedures or treatments, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

*I certify that if I am signing as an agent, I have the authority to execute this consent.*

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Owner/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Equine Veterinary, LLC

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