

# MEDICAL AND/OR SURGICAL CONSENT

Animal Hospital of North Alabama  
14323 Hwy 231-431 N.  
Hazel Green AL. 35750  
C. Alan Jones, D.V.M.  
Ph. (256) 828-7474 Fax (256) 828-1012

Date: \_\_\_\_\_

## Authorization of Treatment For

Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

I authorize and direct the Veterinarians and staff of the **Animal Hospital of North Alabama** to perform such diagnostic, medical and surgical procedures as deemed advisable and necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to results or cure. I further understand that there may be risks involved in the procedures. I agree to pay in full for all services rendered including those of unforeseen medical or surgical complications. The total of charges for presently planned procedures may be greater or lesser than the estimated amount if such complications arise. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. If I neglect to retrieve my pet within 5 days of the day of discharge, you may consider my pet abandoned and are hereby authorized to immediately dispose of my pet as deemed best and necessary.

I understand the treatment or surgery contemplated is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Number(s) Where I Can Be Reached Today