

South Ocala Animal Clinic

3760 SE Lake Weir Avenue, Ocala, FL 34471

(352) 622-5253

Dr. Kevin Stoothoff

Procedure / Sedation Consent Form

Owner Name: _____ Pet Name: _____

Species: ___ Canine ___ Feline other: _____ Gender: ___ Male ___ Female

Phone Number for Today: _____ ___ Work ___ Home ___ Cell

I certify that I am the owner/agent of the animal described above, and give my consent to South Ocala Anima Clinic to perform the following procedures:

1. _____ Est. Fees \$ _____

2. _____ Est. Fees \$ _____

I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate variance in the procedure(s) set forth above. I expect South Ocala Animal Clinic to use reasonable care in performing the procedure(s). I understand that some risks exist with sedation and that I'm encouraged to discuss any concerns that I have about those risks with the veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that all questions I have regarding fees, possible complications, and any reasonable medical or sedation options have been answered to my satisfaction. I am aware that unforeseen events related to the procedure(s) may result in additional charges for which I will be responsible. A reasonable attempt to contact you will be made if charges exceed 15% of the estimate provided.

- Animals admitted must be current on their vaccinations. Pets with fleas, ticks or internal parasites will be treated at the owner's expense.

Signature: _____ Date: _____