

initiated. Additionally, I authorize A Plus Animal Hospital to perform any diagnostic, medical treatment, dentistry, or surgical procedure as deemed necessary for any unforeseen medical or surgical complications if one should arise. While A Plus Animal Hospital provides the highest quality of anesthesia monitoring, dentistry and surgical services, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry or surgical procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will not hold harmless A Plus Animal Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care.

No warranty or guarantee has been offered or given to me as to the results or cure afforded by these treatments or procedures. A Plus Animal Hospital treats cases based on evidence-based medicine. I hereby certify that I am over 18 years of age and I have the legal authority to make decisions concerning this animal and am in a position to be bound legally under applicable Nevada and United States laws. My signature on this Dental/Treatment/Surgical Consent Form indicates that any and all questions have been answered to my satisfaction and approval.

Signature of pet owner or agent

Print Name

Date

Phone numbers where I can be reached today:

1st #: _____, 2nd #: _____, 3rd #: _____

I **cannot** be reached by phone during these times: _____

Hospital office hours are Monday – Friday 7:30 am to 6:00 pm and Saturdays 9:00 am to 3:00 pm.