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Veterinary Reproductive Medicine and Surgery
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STANDARD CONSENT FORM

OWNER'S NAME:
ADDRESS:

HOME PHONE:
CELL PHONE:
Email:

ANIMAL'S NAME:
SPECIES:
BREED:
COLOR:
SEX:
DATE OF BIRTH:

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s), if indicated:

- Reproductive and breeding soundness examination, fertility assessment
- Vaginal cytology
- Blood collection for lab tests such as *Brucella canis*, progesterone, leutinizing hormone
- Cheek cell collection for DNA profiling
- Artificial insemination: transcervical (TCI), surgical, or inseminating pipette/rod
- Ultrasound imaging
- Other _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) other than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of Dr. Vanderlip's professional judgment.

I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by Dr. Vanderlip.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved.

I realize that results cannot be guaranteed.

I agree to pay when services are rendered. Payment will be made by

Cash _____ **Check** _____ **VISA** _____ **M/C** _____

Card number _____

Expiration date _____ **Security code** _____

Please note: If you have a financial hardship that makes it difficult for you to pay the fees, please discuss this with our office prior to the procedure.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Date