



# COBB VETERINARY CLINIC

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## MEDICAL AND/OR SURGICAL CONSENT

OWNER'S NAME: \_\_\_\_\_

ANIMAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIES: \_\_\_\_\_

\_\_\_\_\_

BREED: \_\_\_\_\_

\_\_\_\_\_

SEX: \_\_\_\_\_

PROCEDURE TO BE PERFORMED: \_\_\_\_\_

AGE: \_\_\_\_\_

\_\_\_\_\_

COLOR: \_\_\_\_\_

- 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 above procedure(s) or operation(s).
- I understand that during the performance of the forgoing 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) 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 the veterinarian's professional judgment.
- I also authorize the use of appropriate anesthetics, and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.
- 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.

### Estimate of Cost

The estimated fee for surgery is \$\_\_\_\_\_. **The total estimated cost of surgery, hospitalization, and/or treatment is \$\_\_\_\_\_.** You may request an itemization of this amount if desired. This estimate may not be the actual amount of the total charge in the event of complications or if additional treatment is required. A deposit of \$\_\_\_\_\_ is required and the balance of the fee for services rendered shall be due and payable upon completion of the case. Any sums, not timely paid, shall bear interest at the rate of 18% per annum and shall be payable in Midland County, Texas.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Witness to Above Signature