



Fetchin' Veterinary Services

Jessica Anderson DVM
615-660-7334

Consent Form

Owner's Name: _____

Animal Hospital/Attending Clinician: _____

Anticipated Services:

- | | |
|--|---|
| <input type="checkbox"/> Light Sedation | <input type="checkbox"/> Fine Needle Aspirate |
| <input type="checkbox"/> Abdominal Ultrasound | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Medical Massage |
| <input type="checkbox"/> Centesis (abdomen, thoracic, cysto,
gallbladder) | |

My Phone Number Today: _____

Owner Email Address: _____

What medications, if any, is your pet taking and when were the last doses given?

When was your pet's last meal/snack? _____

Has your pet developed any new symptoms that you think we should be aware of today? If so, please explain:

I have been educated and understand the risks of the procedures that I am authorizing. I give permission to Jessica Anderson DVM to perform the above described procedures. I understand that my primary veterinary hospital is responsible for the care of my pet before, during, and after the procedures.

Owner Signature: _____ Date: _____