

Village Veterinary Hospital

236 36th Street
Bellingham, WA 98225

Rachel Bangert, DVM Cindy Lucas DVM Carrie Trimble DVM
Phone: (360) 647-1980 Fax: (360) 647-1869

CONSENT FOR ANESTHESIA, SURGERY, TREATMENT, TESTING For Avian Patients

I, the undersigned, being the owner or authorized agent of the owner, give permission for the following procedures to be performed upon my bird described below.

1. _____
2. _____
3. _____
4. _____

If my bird's condition changes, I understand that the staff of Village Veterinary Hospital will attempt to contact me before any procedures not listed above are performed. However, if I cannot be contacted and if my bird's condition warrants, I do give permission for further treatment and/or tests to be performed as Dr. Bangert deems necessary.

I understand that some risk may be involved in surgical, anesthetic, diagnostic, and therapeutic procedures.

I also agree to pay the balance of the invoice associated with the above procedures, in full, when my bird is discharged. I realize that I may ask for a written estimate of final cost, prior to admittance.

PLEASE COMPLETELY FILL OUT

Is your bird currently on any type of medication?

YES _____ NO _____

Describe _____

Do you authorize your bird to be given additional pain medication if necessary at an added cost of \$ _____ per injection? YES _____ NO _____

Owner/Agent's Signature

Bird's Name _____ **Last Time Bird Ate**

Phone Number Available at Today

Date _____