

3H Equine Clinic and Veterinary Services

Fernando Cardenas Jr., DVM

Elaine Means DVM

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Tracy Tinsley DVM

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Candince Lorandean VMD

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Disclaimer

Owner's Name: _____

Address: _____

Patient's Name(s) _____

I am the owner or the agent for the owner of the animal(s) described above, and I have the authority to execute this consent.

I hereby consent and authorize Dr. Fernando Cardenas, Dr. Elaine Means, Dr. Tracy Tinsley, Dr. Erin Slaughter, Dr. Ashleigh Crowell or Dr. Candince Lorandean to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operation or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medications as needed before or after the procedure. I have been informed that there are risks associated with the use of any medications.

Signature of Client

Date