

Red Barn Veterinary Service LLC

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Darrell R. Monfort DVM

Kansas License #4140

Leann Flowers DVM

Kansas License #5806

Belinda Garten DVM

Kansas License #7118

Brande Beyer DVM

Kansas License #8399

Owner Name: _____

Phone: _____

Address: _____

Date/Time: _____

I am the owner of the animal, _____, presented for treatment/surgery. I have sole and singular ability to make decisions pertaining to this animal. I understand that treatment/surgery under anesthesia and/or sedation has risk that may be life threatening. I have voluntarily made the decision to decline or give consent to any diagnostic testing recommended by the veterinarian or by industry standard. I further understand that by doing so there may be consequences of a life-threatening nature. I agree that all liability will be borne by myself only and release Dr. Monfort and his staff from any responsibility. I authorize the use of appropriate pain relief medication as needed before or after surgery and I am aware of both risks and costs associated with the use of these products.

I give permission to treat for nausea at the veterinarian discretion. I understand that this will be an additional charge to my invoice and agree to pay that charge.

_____ (sign)

_____ (yes/no) If my pet is found to be infested with ticks and/or fleas to an extent that it will interfere with a sterile surgery, I give permission to treat for external parasites at the veterinarian's discretion, with product of their choice. I further understand that this will be an additional charge to my invoice and agree to pay that charge.

_____ (yes/no) I authorize Dr. Monfort and his staff to do necessary removal of juvenile teeth while my pet is under anesthesia. I am aware of both risks and costs associated with this procedure.

_____ (sign)

_____ (yes/no) I request take-home pain medication (beyond the 24 hours given at time of surgery) for my pet if the veterinarian deems it appropriate. I agree to pay the fees associated with the extra pain medication.

yes no yes no

DROP OFF ONLY....Blood Work: Y or N Xrays: Y or N I agree to pay any fees associated with testing done.

_____ (sign)