



Topline Equine Veterinary Care | Dr. Jennifer Teigen | Dr. Lesley Szenay
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Patient Consent Form

Owners Name: _____

Patient's Name: _____

Address: _____

Species: _____

Breed: _____

Phone Number: _____

Sex: _____

Emergency Contact: _____

Color: _____

Emergency Phone Number: _____

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 following procedure(s) or operation(s): _____.

I understand that during the performance of the above procedure(s) or operation(s), different procedure(s) or operation(s) than those set forth above if something were to go wrong during the said procedure (s) or operation (s). 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 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 the results cannot be guaranteed. It is thoroughly understood that the Topline Equine Veterinary Care, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks. I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day of surgery. If I do not claim the animal, I understand that after 24 hours that the animal will be considered abandoned and the animal will be disposed of in accordance with policy established by the Topline Equine Veterinary Care. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding costs.

Signed: _____ Date: _____

Doctor signature: _____ Date: _____