



Mendon Village Animal Hospital
1380B Pittsford-Mendon Rd.
Mendon, NY 14506
585-624-2240
www.mendonvillageanimalhospital.com

Client:

Patient:

Sex:

Phone:

DOB:

Species:

Age:

Breed:

Pedicure under sedation consent form

Procedure: *Pedicure under sedation*

Please answer the following questions:

Yes

No

Is your pet on a NSAID or steroid (Rimadyl, Meloxicam, Prednisone)?

☐☐

Is your pet taking any other medications or supplements?

☐☐

Does your pet have any food allergies?

☐☐

Has your pet had any surgical procedures performed previously?

☐☐

Does your pet have any past or current medical conditions?

☐☐

When was the last time your pet ate? _____

If you answered yes to any of the above questions, please explain:

Do you give your permission for MVAH to post pictures of your pet on the MVAH website,
Instagram or Facebook?

Yes ☐

No ☐



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I am the owner of the above described animal and have the authority to execute this consent. I hereby authorize the performance of the procedure(s) and/or treatment(s) listed.

I authorize the use of appropriate sedatives; and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I also consent to treatment of any unforeseen emergency.

Our hospital strongly believes in compassionate, quality medical care for our patients. Pain management is not only humane, but helps your pet feel better, and may prevent adverse medical consequences associated with uncontrolled pain. As a result, some patients will receive pain management. Additionally, medication may be prescribed for use at home.

I have been advised as to the nature of the procedure(s) or treatment(s), and the risks involved. I realize that results cannot be guaranteed.

We make every effort to provide state-of-the-art, caring veterinary services to your pet. In return, we ask that our clients pay for these services at the time they are rendered.

Please specify who is **dropping your pet off** today. _____

Please specify who will be **picking your pet up** today. _____

How would you like to be notified of any updates?

☐ Phone: _____

☐ Text: _____

In the event that I cannot be reached for an update, I agree to pay for additional services that the doctor deems medically necessary.

Initial

Please print name of owner

Date

Signature of Owner