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ACCEPTANCE OF SURGICAL, MEDICAL OR DIAGNOSTIC PROCEDURES

Date: _____

Client: _____ Client #: _____

Pet's Name: _____

I hereby ACCEPT the following surgical, medical, or diagnostic procedure(s):

Estimated costs: _____

I understand the nature and purpose of these procedures and I affirm that Dr. Johnson has explained the risks, benefits, possibility of complications, as well as the expected results, and medical alternatives to me and that I have been given an opportunity to ask and have my questions answered. I further acknowledge that no guarantees have been given to me regarding the results of this/these procedures and that I have accepted this/these procedures without jeopardizing any current or future medical treatments.

I HEREBY STATE THAT I HAVE READ AND UNDERSTOOD THIS CONSENT AND THAT ALL MY QUESTIONS ABOUT THE PROCEDURE(S), ALTERNATIVE PROCEDURE(S), AND RISKS OF EACH HAVE BEEN ANSWERED IN LANGUAGE THAT I UNDERSTOOD.

SIGNATURE OF CLIENT

DATE _____ TIME _____

SIGNATURE OF CLIENT

DATE _____ TIME _____

WITNESS TO SIGNATURE

DATE _____ TIME _____

(If available)

I have explained the procedure(s), alternative(s), and risks to the person or persons whose signature or signatures are affixed above.

SIGNATURE OF VETERINARIAN:

DATE _____ TIME _____