



Northeast Pennsylvania Equine Clinic, L.L.C.

Ellen L. Johnson, D.V.M.

4326 State Route 1001 • Thompson • PA • 18465

Tel: 570-727-2868 • Fax: 570-727-2935

CONSENT TO OPERATION, PROCEDURE OR SERVICES

I hereby authorize Northeast Pennsylvania Equine Clinic, L.L.C. the Licensed Veterinarians, and whomever they may designate as their assistants, to perform upon:

The following operations, procedures or services including the administration of anesthesia as indicated:

And if any unforeseen condition arises in the course of the operation in his/her judgment for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable.

The nature and purpose of the operation and the possibility of complications have been explained to me by the veterinarian. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I agree to assume financial responsibility for full payment of the charges incurred for the provision of the above services. An estimated range of cost will be provided. 50% of the upper end of the estimated charges is due upon admission or prior to rendering of services. The balance of the actual charges is due at the time of discharge or upon completion of services.

Date _____ Estimate _____ of
Fees _____

Witness _____



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Signed _____