Cudahy Veterinary Clinic
6242 S. Packard Ave
Cudahy, WI 53110
414-762-5650

State law requires that we inform you of the benefits and risks of veterinary procedures.

Vaccines are used to protect your pet(s) from life threatening and highly contagious diseases. Although reactions are rare, they do occur. Reactions may include local site pain and swelling, listlessness, anorexia, allergic reactions, a rise in temperature, and rarely, vaccination site tumor in cats.

The benefits of surgery are numerous, including disease prevention and treatment. Risks include hemorrhage, discomfort, infection, pain and death. This is why we recommend blood screenings and postoperative pain medication.

Anesthetic risks are rare but may include vomiting, seizures, cardiac and respiratory arrest and death. These risks are greatly reduced with newer injectable and gas anesthetics. They are also the reasons we use monitors (EKG, etc.) to make sure these procedures are as safe as possible. If you have any questions regarding our procedures, please ask our staff.

We are further required to inform you that some services may be provided by a veterinary student, certified veterinary technician, unlicensed assistant, intern, other staff veterinarian and/or relief (substitute) veterinarian. While we do strive to have the doctor who will be performing your pet's procedure also perform the pre-operative exam and consult, there are times when circumstances may preclude this from happening.

Thank you,
Robert Shampo, DVM

Your signature below is acknowledgement that you have read and understand the above information.

I hereby consent and authorize the above named to receive, prescribe for, treat and/or operate upon my pet. I assume all risks with regard to restraint, anesthesia, surgery and general care of aforementioned pet(s).

I understand that any estimate given for medical/surgical procedures is not a definite cost quote and I assume all financial liabilities incurred for professional services rendered. I understand that all fees must be paid before the pet is discharged from the hospital.

Signature:_____

Date:_____

"We want to make your pet famous!" Do we have permission to share your pet's image and story on social media, our website and other marketing materials?"

☐____YES - I consent to this. ☐____NO - I do not consent to this.
(please initial) (please initial)