



Surgical/Anesthesia Consent Form

Pet's Name _____ Canine ___ Feline ___ Sex ___ Age ___ Chart# _____

Owner's Name _____ Address _____

Emergency Contact/Phone: _____

I request the following procedures today:

Spay ___ Neuter ___ Dental ___ X-Ray ___ Lab/Testing ___ Ultrasound ___ Other _____

I understand proof of vaccinations is required. If Rabies is not current, it will be given at owner's expense.

My pet is current for the following: (must have documentation)

Canine Rabies ___ Distemper/Parvo ___ Kennel Cough/Bordetella ___ HW Prev ___

Feline Distemper ___ Feline Leukemia ___ Feline Rabies ___ Flea/Tick Control ___

I authorize (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Examination and treatment/surgery | <input type="checkbox"/> Complimentary nail trim |
| <input type="checkbox"/> Pre-sedation blood work | <input type="checkbox"/> Complimentary Laser |
| <input type="checkbox"/> IV fluids | <input type="checkbox"/> Necessary extractions |
| <input type="checkbox"/> Complimentary ear cleaning | <input type="checkbox"/> Microchipping |

- I am aware that the procedure **may require an overnight stay**. I am aware that monitoring overnight is by video cam and/or evening rounds of nurses and/or doctors. I understand that reasonable care will be used for the wellbeing of my pet and that the facility is secured by ADT security. I understand that the facility has no control over theft or natural disasters such as fire, earthquake, tornado.
- Estimates** are provided and I understand **payment is due when services are rendered/upon discharge**. Visit www.avma.org for information on veterinary liens. *If I neglect to pick up my pet within 10 days, it will be considered abandoned and are hereby authorized to proceed as you deem best/necessary.*
- I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.
- I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.
- I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.
- I understand that there may be adverse side effects to any medications or treatment and understand these reactions and/or side effects can negatively impact the health and well-being of my pet.
- I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

Signed: _____ Date: _____