



## Surgery Consent Form

Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

Species: K-9 \_\_\_\_\_ Feline \_\_\_\_\_ Other \_\_\_\_\_ Sex: \_\_\_\_\_

I, undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

Procedure to be performed: \_\_\_\_\_

- I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that the results cannot be guaranteed
- I understand that support personnel will be used as deemed necessary by the veterinarian.
- Pre-anesthetic bloodwork is a series of tests run in house, that may alert us to an underlying problem with your pet before anesthesia.
- I have read and understand this authorization and consent.
- I further understand that I assume financial responsibility for all services rendered.
- Would you like pain medication for your pet? YES \_\_\_\_\_ NO \_\_\_\_\_

Other Optional services offered while the pet is under anesthesia:

- Nail Trim (\$10.00) \_\_\_\_\_
- Ear Cleaning (\$15.50) \_\_\_\_\_
- Dentistry (\$100.00) \_\_\_\_\_
- Pre-anesthesia bloodwork (\$105.00) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

Received Post-Surgery instructions \_\_\_\_\_