

# **SURGERY / PROCEDURE CONSENT FORM**

**Client Name:**

**Patient Name:**

***SERVICES TO BE PERFORMED:***

***PHONE NUMBER WHERE YOU MAY BE REACHED TODAY:***

I am the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following operation(s) or procedure(s).

INITIAL:

I understand that during the performance of the foregoing operation(s) or procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing operation(s) or procedure(s) or different operation(s) or procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such operation(s) or procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised of the nature of the operation(s) or procedure(s) and the risks involved. I realize that results cannot be guaranteed.

Recent advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Occasionally complications can arise due to preexisting conditions not evident during routine physical exam. To better predict and prevent potential complications, we will perform pre— anesthetic bloodwork prior to any procedure that requires general anesthesia unless special circumstances apply as determined by the veterinarian.

**Currently on a monthly Heartworm Preventative? *Yes [ ] No [ ]***

**Would you like a implanted microchip for permanent identification? *Yes [ ] No [ ]***

**Call for dental extractions? *Yes [ ] No [ ] Call First [ ]***

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

***I have read and understood this authorization and consent.***

**Signature of Owner:**

***Date:***