



**Please read and initial each line:**

\_\_\_\_\_ I understand the importance of the accuracy of all information given above regarding the health and history of the animal and fully understand that any false or omitted information may negatively affect its health and safety. I furthermore understand that I am fully responsible for any negative consequences resulting from inaccurate or omitted information in relation to the animal and questionnaire listed above. I assume all risks including, without limitation, the risk of administration of anesthesia and surgery.

\_\_\_\_\_ I understand that Metzler Veterinary Hospital RECOMMENDS that all animals be up to date on all vaccines as animals undergo surgery will be in a hospital setting with other patients who may or may not be for fully vaccinated.

\_\_\_\_\_ I understand the risks associated with admitting my pet into a hospital including but not limited to, an increased risk of exposure to illness and contagious disease and I understand that I will be responsible for any treatment cost and/or further treatment cost due to illness or contagious disease.

\_\_\_\_\_ It is thoroughly understood that Metzler Veterinary Hospital, it's staff and agents will not be held liable or responsible in any manner and I assume all risks including, without limitation, the risk of administration of anesthesia and surgery. Specifically, I waive all claims, damages and expenses, including reasonable attorney's fees and costs, in the event of illness, injury or death upon the animal name above arising out of the spay/neuter operation or any services provided incidental thereto.

\_\_\_\_\_ Metzler Veterinary Hospital is a flea free facility. I am aware that if any live fleas are found at the time of intake, my pet it will be given a Capstar (24 hour flea pill) at an additional cost.

\_\_\_\_\_ The veterinarian has described the procedures to be performed and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.

\_\_\_\_\_ I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Advanced Veterinary Medical Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects (which can present themselves well after the procedure) every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Advanced Veterinary Medical Center, the veterinarians, or any staff member liable for any complications that may arise.\*

**FOR OFFICE USE ONLY**

**Please read and initial the appropriate procedure:**

\_\_\_\_\_ [  ] **Orthopedic**

By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

Anesthesia risk (death), aspiration pneumonia, surgical site infection, mal-union, non-union, dehiscence, implant failure/breakage, prolonged pain/poor use of limb, relaxation, continued arthritis, loss of use of limb, loss of limb.

\_\_\_\_\_ [  ] **Mass Removal**

By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

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Anesthesia risk (death), aspiration pneumonia, surgical site infection infection, dehiscence, incomplete (“dirty”) margins, loss of use of body part, blindness (if surgery is near the eye)) prolonged pain, regrowth of the tumor, metastasis (spread) of the tumor to other parts of the body, skin flap/graft necrosis

\_\_\_\_\_ [ ] **General soft tissue**

By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

Anesthesia risk (death), surgical site infection, aspiration pneumonia, chronic infection, dehiscence, negative explore, septic peritonitis, loss of use of operated body part, failure of procedure, blindness/loss of eye (if surgery is near the eye)

\_\_\_\_\_ [ ] **Neurologic**

By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

Anesthesia risk (death), seizures, respiratory arrest due to spinal cord compression, surgical site infection, aspiration pneumonia, implant failure/breakage, prolonged pain/poor use of limbs, complete paralysis, urinary/fecal incontinence, urinary tract infection, myelomalacia, recurrence of clinical signs due to disc re-herniation or metastasis (if a tumor is causing neurologic signs).

\_\_\_\_\_ [ ] **Urinary**

By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

Anesthesia risk (death), surgical site infection, aspiration pneumonia, dehiscence, stone recurrence, resistant urinary tract infection, trouble urinating, urinary incontinence, ureter damage, stricture formation

\_\_\_\_\_ [ ] **Spay**

In the event the patient is found to be in heat, or if the uterus is enlarged for any other reason (such fat surrounding the uterus and ovaries due to obesity), the attending veterinarian will continue with the spay and there will be an additional charge added to your account

**CONSENT FOR SURGICAL PROCEDURE**

I, being of legal age and responsible for the animal described above, have the authority to grant Metzler Veterinary Hospital/NVA and its staff members my consent and I hereby give such consent to receive, transport, prescribed for, treat and/or perform surgery upon the animal named above. I understand that reasonable precautions will be used against injury, escape, or destruction of the animal. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date