

Southern Veterinary Center  
111 Mayfield Drive  
Smyrna, Tennessee 37167  
615-459-0073

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**Surgery/Anesthesia Consent Form**

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Owners Name & Address

**Pet Name**

Species:

Breed:

Color:

Age:      Sex:

Weight:

I hereby authorize the Southern Veterinary Center, LLC, its representatives, agent or employees, to perform the surgery and/or other procedures or services needed on the above described animal, and do hereby release and forever discharge the Southern Veterinary Center, LLC, its representatives agents or employees, from all claims and demands whatsoever which I have or may have against Southern Veterinary Center, LLC, its representative agent or employees, by reason of said surgery, administration of drugs or performance of other services, and any use of anesthetics as Southern Veterinary Center, LLC, its representatives, agents or employees deem advisable.

I hereby authorize the performance of the following surgical or medical service(s):

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Client Signature

Date

**Telephone # where you can be reached today in case of emergency** \_\_\_\_\_

For a charge of \$62.80, would you like to have a Home Again identification microchip placed into your pet while under anesthesia?

YES \_\_\_\_\_

NO \_\_\_\_\_