

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

Surgery/Anesthesia Consent Form

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):

Client Signature

Date

Telephone # where you can be reached today in case of emergency _____

For a charge of \$64.70, would you like to have a Home Again identification microchip placed into your pet while under anesthesia?

YES _____

NO _____