

SURGERY CONSENT FORM

OWNER:
PET'S NAME:
DATE:
PROCEDURE(S) TO BE PERFORMED:
PET HISTORY: YES NO () () Has your pet had any medications in the last 24 hours? If yes, please list: () () Did your pet eat after 6 pm last night? () () Any vomiting, coughing, or diarrhea? () () Is this pet allergic to any drugs? If so, what drug Additional ELECTIVE PROCEDURES which may be done at this time for an additional cost: (Check appropriate box/boxes) () Avid Microchip for identification () Remove rear dewclaws () Nail trim () Remove wart/skin growths (Location(s): () Dental-clean teeth, polish teeth, extract loose teeth (If time allows) () Express anal sacs () Brush out or clip mats () Fecal exam for intestinal parasites () Other
OWNER RELEASE: I am the owner of the above named animal or am responsible for it and have the authority to execute this consent. I hereby authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you deem necessary. The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results of care. I assume financial responsibility for payment of all services rendered. I understand that payment is due on the date the animal is picked up. also understand that you will use all reasonable precaution against injury, escape, or death of my pet while in your clinic and under your care. Your signature confirms that you have read this information and understand it. At any time during your pet's treatment, you may ask for an updated estimate. Thank you for your confidence in us.
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Your Name:(Please print)
(Please print)
Signed: Date:
(Owner/Agent Signature)
If we have any additional questions, we may contact you today at the following phone numbers: AM: PM:
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