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Medical and Surgical Consent Form

Owners Name _____

Name of Dog/Cat _____

Telephone # _____

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent:

I hereby consent to the following procedures and operations: _____

This hospital recommends the following safeguard measures to better serve you and your pet:

A pre-anesthetic bloodscreen	accept / decline
IV fluids	accept / decline
Pain management	accept / decline

Other services requested	Microchipping	accept / decline
While under anesthesia:	Nail trim	accept / decline

I understand that during the performance of the foregoing procedures or operations, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or operations, or different procedures or performance of such procedures and operations as are desirable in the exercise of the veterinarian's professional judgment.

I also authorize the 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 as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

Date _____

Signature of Owner or Agent _____

