



## ANESTHESIA AND SURGICAL CONSENT

Pet's Name: \_\_\_\_\_

I \_\_\_\_\_ AM THE OWNER OR AUTHORIZED AGENT FOR THE ANIMAL LISTED ABOVE. I SIGN THAT I HAVE THE AUTHORITY TO EXECUTE THIS CONSENT. I HEREBY CONSENT AND AUTHORIZE THE PERFORMANCE OF THE FOLLOWING SURGICAL PROCEDURE / OPERATION AND ANY AND ALL ANESTHESIA OR SEDATION RELATED TO SUCH.

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### PLEASE INITIAL HIGHLIGHTED AREAS

I \_\_\_\_\_ UNDERSTAND THAT DURING THE PERFORMANCE OF THE ABOVE MENTIONED PROCEDURE / SEDATION UNFORSEEN CONDITIONS MAY BE REVEALED THAT NECESSITATE AN EXTENSION OF THE PROCEDURE / OPERATION OR DIFFERENT PROCEDURE / OPERATION THAN THOSE SET ABOVE. THEREFORE, I \_\_\_\_\_ AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURE AS IS NECESSARY AND DESIRABLE IN THE EXERCISE OF THE VETERINARIANS PROFESSIONAL JUDGEMENT. I AUTHORIZE THE HOSPITAL STAFF IN AN EMERGENCY SITUATION TO FOLLOW THROUGH WITH SUCH A PROCEDURE AS IS NECESSARY FOR THE WELL BEING OF MY PET.

I AGREE TO ASSUME THE FINANCIAL RESPONSIBILITY FOR ALL ROUTINE AND EMERGENCY SERVICES RENDERED. THIS INCLUDES CPR (\$90) \_\_\_\_\_ OR EMERGENCY MEDICATIONS DURING ANESTHESIA (\$45) \_\_\_\_\_ FOR WHICH THERE MAY NOT BE TIME TO CONTACT ME. I ALSO ATTEST THAT I HAVE BEEN ADVISED AS TO THE NATURE OF THE PROCEDURE OR OPERATION AND ALL OF THE RISKS INVOLVED, INCLUDING DEATH. I UNDERSTAND AND REALIZE THE RESULTS ARE NOT GUARANTEED AND I WILL NOT HOLD ANY MEMBER OR DOCTOR OF SOUTHEAST VETERINARY HOSPITAL PERSONALLY RESPONSIBLE FOR ANY UNDESIRABLE OUTCOME.

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAS YOUR PET HAD ANY SIGNS / SYMPTOMS IN THE PAST 24HRS?

VOMITING  DIARRHEA  LETHARGY  LIMPING / PAIN  SEIZURES  OTHER

*IF YES, PLEASE ELABORATE:* \_\_\_\_\_  
\_\_\_\_\_

2. DO YOU HAVE ANY ADDITIONAL CONCERNS FOR YOU PET TODAY?

\_\_\_\_\_  
\_\_\_\_\_

3. IF YOUR PET IS ON CHRONIC MEDICATIONS PLEASE LIST WITH THE LAST TIME THAT THEY WERE GIVEN: \_\_\_\_\_

\_\_\_\_\_

**I AFFIRM THAT I HAVE READ AND UNDERSTOOD THIS CONSENT FORM.**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BEST CONTACT # \_\_\_\_\_