

## SURGERY CONSENT FORM

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

I am the owner or agent for the owner of the animal described above and I have the authority to execute this consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

I understand that during the performance of the foregoing procedure(s) or operation(s), conditions may be revealed that require an extension of the foregoing procedure(s) or operation(s). Therefore, I consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of 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 procedure(s) or operation(s) and the risk involved. I realize that results cannot be guaranteed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to purchase an E-Collar today? This is the cone-shaped collar which prevents your pet from traumatizing the stitches and the incision site. **These collars will have to be worn constantly for 5-7 days.** An E-collar cost \$12. Y/N

Please be sure to fill out and sign the Anesthetic Consent Form as well.