



ANESTHESIA AND SURGICAL CONSENT

DATE: _____

OWNER: _____ PATIENT: _____

I "ABOVE NAMED" 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 RELATED TO SUCH

PLEASE LIST /NAME PROCEDURE BEING PERFORMED: _____

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 RESPONSIBILTY FOR ALL ROUTINE AND EMERGENCY SERVICES RENDERED. THIS INCLUDES CPR (\$90) _____ OR EMERGENCY MEDICATIONS DURING ANESTHESIA FOR WHICH THERE MAY NOT BE TIME TO CONTACT ME (\$45) _____. 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.

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

DATE: _____ PRINT NAME: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

WITNESS: _____