

ABC Veterinary Clinic

Surgery/Anesthesia Consent Form

Client Name _____ Date _____

Pet's Name _____

Your pet has been scheduled for a procedure requiring sedation or anesthesia. By signing this form, you authorize ABC Veterinary Clinic and its agents to administer tranquilizers, anesthetics, and/or analgesics that are deemed appropriate for your pet. Please be aware that all drugs have the potential for adverse side effects in any particular animal. The chances of such occurrence are extremely small.

I am aware that staff is not on premises after hours, and I agree to indemnify ABC Veterinary Clinic and its agents harmless from and against any and all liability arising from the care that is provided.

In an effort to insure your pet's safety, and to anticipate any problems before they may occur, we have available pre-anesthetic electrocardiogram and blood testing capabilities to detect hidden heart, liver, kidney or other problems which may increase the risk to your pet. The testing is available for an additional charge. If abnormalities are detected, we will attempt to notify you, and the anesthetic procedure may be delayed or modified. Please verify the procedures being performed and indicate your wishes concerning the option of pre-anesthetic testing. If you have any questions, please ask BEFORE signing this form.

Procedures scheduled _____

Routine surgical procedures are painful. We recommend postoperative pain medication for each procedure. Pain medication is automatically dispensed for each patient. If YOU DECLINE POSTOPERATIVE PAIN MEDICATION, PLEASE SIGN HERE

How may we contact you TODAY?

Home phone _____ Work phone _____

Cell phone/pager _____ Client signature _____