

General Surgery Consent 7 +	
Client Name: Address:	Patient Name: Species: Breed: Sex: Color: Weight
Anesthetic and surgical procedure(s) to be perform	· ·
I, the undersigned owner or agent of the pet identif procedure(s).	fied above, authorize the staff of to perform the above
than 90 days since the last exam. However, this m this reason, your pet will have a pre-anesthetic blo	venous fluids is required for your pet during anesthesia.
	sthesia and/ or surgery and that I am encouraged to the attending veterinarian before the procedure(s) is/are
I understand that the attending veterinarian wil in the case of unforeseen emergencies. If unab permission to proceed with life sustaining proc	I make every effort to contact me regarding treatment le to contact me, the staff may or may not have my cedures.
I give my permission [yes]: I do not give m	y permission [no]:
	d to the best of the abilities of the staff at this hospital, I n made regarding the results that may be achieved.
I also assume full responsibility for any additional eperformed, such as follow up radiographs, re-chec complications. These are more likely to occur whe instructions.	k physical exams and additional surgery due to post-op
I have read and fully understand the terms and cor	nditions set forth above.
Signature of Owner:	Date:
Phone number(s) at which owner can be reached to	today or tomorrow: