



ANESTHESIA / SURGERY / TREATMENT CONSENT FORM

Owner's Name _____

Home Phone _____

Pet's Name _____

Mobile Phone _____

Requested surgery or procedure(s) _____

Last food given to the patient (time) _____

Last water given _____

Is the animal on any current medications? Yes No _____

AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of Dr. Tomaras and understand payment is due at the time my pet is released.

Signature of Owner _____

Date _____

Signature of Witness _____ Date _____