

# SURGICAL CONSENT FORM

SIX FORKS ANIMAL HOSPITAL

DATE \_\_\_\_\_

OWNER \_\_\_\_\_

PATIENT \_\_\_\_\_

I AM THE OWNER OR AGENT FOR THE ABOVE PET AND HAVE AUTHORITY TO EXECUTE THIS CONSENT.

I HEREBY CONSENT AND AUTHORIZE THE PERFORMANCE OF THE FOLLOWING PROCEDURE(S) OR OPERATION(S) \_\_\_\_\_

MY PET IS SCHEDULED FOR A PROCEDURE THAT REQUIRES ANESTHESIA. BECAUSE THERE IS ALWAYS THE POSSIBILITY THAT A PHYSICAL EXAM ALONE WILL NOT IDENTIFY ALL OF MY PET'S HEALTH PROBLEMS A PRE-ANESTHETIC PROFILE WILL BE PERFORMED. IT IS IMPORTANT TO UNDERSTAND THAT A **PRE-ANESTHETIC** PROFILE DOES NOT GUARANTEE THE ABSENCE OF ANESTHETIC COMPLICATIONS. IT MAY HOWEVER, GREATLY REDUCE THE RISK OF COMPLICATIONS AS WELL AS IDENTIFY MEDICAL CONDITIONS THAT COULD REQUIRE TREATMENT IN THE FUTURE. I UNDERSTAND THAT ALL ANESTHESIA INVOLVES SOME MINIMAL RISK AND I WILL NOT HOLD THE DOCTORS OR STAFF RESPONSIBLE UNDER ANY CIRCUMSTANCES. I UNDERSTAND THAT I ASSUME ALL RISKS.

THE DOCTORS WILL DETERMINE WHAT **PAIN MEDICATIONS** SHOULD BE GIVEN PRIOR TO, DURING AND AFTER THE PROCEDURE(S) OR OPERATION(S). SOME PROCEDURES REQUIRE PAIN MEDICATIONS TO BE GIVEN AFTER THE ANIMAL HAS RETURNED HOME. THIS WILL BE DISCUSSED WITH ME AT THE TIME OF DISCHARGE.

I UNDERSTAND THAT ALL ANIMALS BEING HOSPITALIZED AT SIX FORKS ANIMAL HOSPITAL MUST BE FREE OF INTERNAL AND EXTERNAL PARASITES. SIX FORKS RESERVES THE RIGHT TO TREAT MY PET WHILE IN THE HOSPITAL, AT MY EXPENSE, IF ANY PARASITES ARE DISCOVERED.

ALL PETS ENTERING THE HOSPITAL MUST BE **UP-TO-DATE** ON ALL VACCINES. IF VACCINES ARE NEEDED THEY WILL BE DONE WHILE MY PET IS HOSPITALIZED.

**I AGREE TO PAY IN FULL FOR ALL SERVICES RENDERED TO MY PET AT DISCHARGE.**

I HAVE READ AND UNDERSTAND THIS CONSENT FORM.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

CONTACT # FOR TODAY \_\_\_\_\_

OWNER DECLINES \_\_\_\_\_