

Tabor Road Veterinary Hospital

Surgical & Anesthesia Consent Form

Owner's Name: _____ Pet's Name: _____

I am the owner or agent of this pet and have the authority to execute this consent. I hereby give consent and authorize the performance of the following procedure and/or operation _____.

Please provide us with the phone numbers where we may contact you (or an individual authorized to make decisions regarding your pet) between the hours of 8am and 6pm today.

1.) _____ 2.) _____

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform pre-anesthesia blood work. If any of the test results are abnormal, the doctor will discuss the findings with you. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. If these tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a much lower risk category.

Prior to surgery, all pets will receive an intravenous catheter to provide us with the ability to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

While your pet is under our care, please consider having any pending of the following tests/procedures performed:

AVID Microchip

Vaccinations

Please list here: _____

Nail Trim

Ear Cleaning

Other procedures/tests

Please list here: _____

Owner Authorization:

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Tabor Road Veterinary Hospital to perform any additional diagnostic treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

While Tabor Road Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Dr. Hartwick or any staff member at Tabor Road Veterinary Hospital liable for any complications that may arise. I understand that I am financially responsible for all services rendered and payment is due at time of pick up.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

_____ I have not given my pet any food after midnight of the day of the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

Signature of Pet Owner or Agent

Date