

Veterinary Surgical Consent Form

Owner Name: _____ Pet Name: _____
Age: _____ Sex: _____
Surgical Procedure: _____
Surgery Date: _____ Time: _____
Owner Phone No.: _____ Cell No.: _____

My Pet...

- Has not eaten since midnight of the night before the surgery
- Does not have fleas, ticks or mites
- Is up-to-date on vaccines
- Does not have heartworm or Feline Leukemia

Has your pet ever had problems linked to surgical procedures (seizures, diarrhea vomiting, etc.)?

No Yes: _____

Does your pet have any allergies?

No Yes: _____

An Elizabethan collar is available for a small price in order to keep your pet from reopening the site. Would you like to add it to the cost?

No Yes

Would you like the doctor to microchip your pet during the procedure?

No Yes

I understand that any anesthesia involves some risk to my pet and I agree that I will not hold the assistants or doctors liable or responsible in any manner for the injury, escape or death of my pet in connection with the procedure. I will discuss any questions or concerns that I have with my veterinarian before the procedure. I grant my consent for this procedure. I agree to pay in full for the services rendered.

Signature

Date